

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**WW54**  
**Wednesday, January 13, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
WELCOME	Opening Remarks	Chairman Fred Martin
INTRODUCTIONS	New Committee Members Vice Chairman Peter Riggs, Senator Jeff Agenbroad, Senator Christy Zito, Senator Michelle Stennett, and Senator Melissa Wintrow Page Curtis Keddington	Chairman Fred Martin
PRESENTATION	Administrative Rules Process	Colby Cameron, Bureau Chief, Division of Financial Management
RULES REVIEW	Assignments	Vice Chairman Peter Riggs

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Wintrow  
Sen Rabe

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 13, 2021

**TIME:** 3:00 P.M.

**PLACE:** WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:08 p.m.

**WELCOME:** **Chairman Martin** thanked the Committee for serving and stated its meetings will include both audio and video live streaming this year. **Chairman Martin** explained the cameras will automatically turn to the person who has their microphone turned on and is speaking.

**INTRODUCTIONS:** **Chairman Martin** introduced Curtis Keddington, Committee page for the first half of the session, and Committee Secretary Jeanne Jackson-Heim. **Chairman Martin** also introduced new Committee members Senators Stennett, Wintrow, Agenbroad, and Zito and Vice Chairman Riggs.

**PASSED THE GAVEL:** Chairman Martin passed the gavel to Vice Chairman Riggs.

**PRESENTATION:** **Colby Cameron**, Bureau Chief for Regulatory and Legislative Affairs, Idaho Division of Financial Management (DFM), gave an overview of the administrative rules process. **Mr. Cameron** described how to locate the legislative review books online. He explained the difference between the pending rules and the fee rules. The pending rules show the proposed changes in redline form. The fee rules do not show any changes since they were not reauthorized at the end of last session and are considered new rules this year.

**Vice Chairman Riggs** mentioned he previously emailed files of both rule books to Committee members.

**Mr. Cameron** explained the pending rules book has a yellow cover and the fee rules book has a green cover. The first several pages of each book include a memorandum from DFM about the rules process. The rules dockets follow and each includes a link to an analysis memo from the Legislative Services Office.

**Mr. Cameron** advised the Committee of their options to approve the entire rule docket, disapprove the docket, or approve the docket but remove a specific line or lines at the section or subsection level. The Committee also has the option to reject any proposed changes to a pending rule.

**Senator Wintrow** asked for clarification on how to distinguish a new fee if the fee rules are not in redline. **Mr. Cameron** suggested contacting the specific agency for information on what changes are included.

**Senator Lee** requested that the presenters be prepared to explain how the new rules, especially the fee rules, differ from the prior versions and that they provide that information in advance of the rules dockets being heard by the Committee.

**RULES REVIEW  
ASSIGNMENTS:**

**Vice Chairman Riggs** presented a list of proposed rules review assignments and asked the Committee to determine among themselves if they want to trade assignments. The hearing schedule will be determined soon and provided to the Committee.

**PASSED THE  
GAVEL:**

Vice Chairman Riggs passed the gavel to Chairman Martin.

**ADJOURNMENT:**

There being no further business, **Chairman Martin** adjourned the meeting at 3:36 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Tuesday, January 19, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
GUBERNATORIAL APPOINTMENT:	Committee Consideration of the Gubernatorial Appointment of Jess Byrne as Director of the Department of Environmental Quality	Jess Byrne
<a href="#">RS28073</a>	Relating to Domestic Water	Jerri Henry, Division Administrator, Idaho Department of Environmental Quality
<a href="#">RS28139</a>	Relating to the Respiratory Care Practice Act	Anne Lawler, Executive Director, Idaho State Board of Medicine
<a href="#">RS28135</a>	Relating to Controlled Substances	Tim Frost, Regulatory Affairs Manager, Division of Occupational and Professional Licenses
<a href="#">RS28101</a>	Relating to Medicaid	Matt Wimmer, Administrator, Division of Medicaid, Idaho Department of Health and Welfare

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin	Sen Agenbroad
Vice Chairman Riggs	Sen Zito
Sen Heider	Sen Stennett
Sen Lee	Sen Wintrow
Sen Harris	

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
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Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)



MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 19, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health & Welfare Committee (Committee) to order at 3:00 p.m.

**GUBERNATORIAL APPOINTMENT:** **Committee Consideration of the Gubernatorial Appointment of Jess Byrne, Director, Idaho Department of Environmental Quality (DEQ)**, of Meridian, Idaho, to serve a term commencing September 1, 2020, at the pleasure of the Governor. **Mr. Byrne** introduced himself to the Committee and gave a brief overview of his background and job history. **Mr. Byrne** commented he feels blessed to raise a family and make a living in Idaho, and he wants to protect and preserve the features that make Idaho great. **Mr. Byrne** stated that Idaho has a history of taking a balanced approach toward environmental protection. He believes in DEQ's mission but recognizes the responsibility to minimize the burden of regulations on citizens and businesses, and he is committed to emphasizing customer service and compliance.

**DISCUSSION:** **Senator Lee** asked Mr. Byrne to specify his top concerns going into the director role. **Mr. Byrne** replied the biggest internal issue is agency staffing, particularly engineers, because it is difficult to compete with the private sector. **Mr. Byrne** added there is a statewide issue with aging drinking water and wastewater infrastructure.

**Senator Harris** stated his district has a lot of mining activity. He inquired about DEQ's role and involvement in the mining industry. **Mr. Byrne** responded that DEQ has a regulatory role along with the Idaho Department of Lands. He commented DEQ has a good working relationship with the mines, specially in Senator Harris' district. **Mr. Byrne** described the role of the regional DEQ office as a resource for the mines to ensure compliance and to coordinate with other federal and state agencies.

**Senator Stennett** commended Mr. Byrne for his work. She advised there are communities in her district with antiquated water systems that need replacement. DEQ and the Environmental Protection Agency have provided resources and expertise but the smaller communities don't often have sufficient revenue to replace the systems, she said. **Senator Stennett** mentioned DEQ staff's report on oversight of the Triumph Mine included information that last summer's earthquake may have compromised the mine. She asked about the latest efforts to protect the East Fork River. **Mr. Byrne** commented DEQ can provide flexibility in the timeline to resolve issues because the state implements the programs rather than the federal government. He gave a brief history of the Triumph Mine and the tunnel's collapses. **Mr. Byrne** reported DEQ is developing a long-term plan for the tunnel and has requested budget line items to accomplish that goal.

He remarked the State will have costs in perpetuity to manage water flow from the mine.

**Chairman Martin** asked Mr. Byrne what he anticipates from the new presidential administration with regard to state primacy. **Mr. Byrne** responded the state has primacy for everything it is allowed by the federal government. He described DEQ's implementation of a federal program and advised DEQ is often commended for its operation of programs. **Mr. Byrne** remarked he is not concerned with any state programs losing primacy with the new administration.

**Chairman Martin** thanked Mr. Byrne and stated the Committee will vote on the appointment at its next meeting.

**Chairman Martin** recognized Rick Soderquist, who is doing an internship this session and Priscilla Heaton, who is assisting with Committee secretary duties.

**RS 28073**

**Relating to Domestic Water. Jerri Henry**, Division Administrator, DEQ, introduced herself to the Committee. **Ms. Henry** explained the proposed legislation would repeal Idaho Code § 37-2102 to remove outdated regulations. **Ms. Henry** reported the history of the statute and advised it is not used in rule or guidance because it largely predates the 1974 Safe Drinking Water Act and Idaho Administrative Procedures Act (IDAPA) 58.01.08. She added some of the language in Section 2102 conflicts with public notification requirements in the Idaho Rules for Public Water Systems. **Ms. Henry** stated the proposed legislation would not change Idaho Code §§ 2101 or 37-2103.

**MOTION:**

**Senator Harris** moved to send **RS 28073** to print. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**RS 28139**

**Relating to the Respiratory Care Practices Act. Anne Lawler**, Executive Director, Idaho State Board of Medicine (BOM), introduced herself to the Committee and described the duties of the BOM. **Ms. Lawler** gave a brief overview of the proposed legislation, which reflects current practice and aligns the Respiratory Therapy Practice Act (Act) with the practice acts of other allied health boards. **Ms. Lawler** reported the legislation was drafted collaboratively by BOM staff and the Respiratory Therapy Board, together with the Idaho Society for Respiratory Care. **RS 28139** repeals and replaces the entire Act due to the extensive reworking of the Act, and there is no fiscal impact to the general fund or the BOM dedicated fund, she said.

**MOTION:**

**Senator Riggs** moved to send **RS 28139** to print. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

**RS 28135**

**Relating to Controlled Substances. Tim Frost**, Regulatory Affairs Manager, Idaho Division of Occupational and Professional Licenses (IDOPL), introduced himself to the Committee. **Mr. Frost** described the function of the Board of Pharmacy (BOP) and explained when the U.S. Drug Enforcement Administration (DEA) makes changes to its scheduled controlled substances, the BOP typically presents an annual conformity bill. **Mr. Frost** reviewed the proposed changes to Idaho Code relating to scheduled controlled substances. He advised there is no fiscal impact to the general fund or the BOP dedicated fund.

**DISCUSSION:**

**Senator Lee** stated she is interested in the definition and changes on page 5. She asked for information about the effect of the change on communities and how the definition would differ from Cannabidiol. **Mr. Frost** explained the change applies only to Epidiolex by specifying the chemical structure of Epidiolex and stating the drug must be taken orally. This will allow access to a drug currently being used by 130 Idaho patients for seizures and does not create any additional products, he said. **Senator Lee** thanked Mr. Frost and commented Epidiolex was previously approved by the Committee and she wanted public clarification of the change.

**Senator Harris** asked whether the changes on page 20 of the RS were similar to the changes Senator Lee inquired about. **Mr. Frost** responded that the DEA originally scheduled Epidiolex as a Schedule V controlled substance but determined it has no potential for abuse and should be descheduled. Page 20 of the RS removes the chemical structure of Epidiolex from Schedule V, and the definition of marijuana must also be amended to complete the change, he said.

**Senator Lee** asked if the changes on pages 5 and 20 were proposed to bring Idaho into conformity with the DEA or if they represent a policy change from the BOP. **Mr. Frost** replied it is only a conformity bill.

**MOTION:** **Senator Harris** moved to send **RS 28135** to print. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

**RS 28101** **Relating to Medicaid.** **Matt Wimmer**, Administrator, Division of Medicaid, Idaho Department of Health and Welfare (DHW), introduced himself to the Committee. **Mr. Wimmer** explained the proposed legislation would allow for a limited exception to legislative approval for changes to provider rates, allowing DHW to lower rates in order to balance its budget.

**DISCUSSION:** **Senator Lee** expressed her discomfort with the legislation and her concern that DHW will rely on the statute to balance the budget rather than develop an appropriate budget. She asked about progress on stabilizing provider rates. **Mr. Wimmer** replied DHW is working on a new proposal but due to economic conditions and COVID-19, DHW did not request any provider rate increases for this year.

**Senator Lee** stated her belief that DHW would request \$90 million to address the current known costs of Medicaid and asked if DHW submitted that request this year. **Mr. Wimmer** requested clarification of the question. **Senator Lee** mentioned the costs of Medicaid expansion were higher than expected and asked if DHW requested the entire amount of known costs for this year. **Mr. Wimmer** responded DHW originally budgeted for \$40 million, less than the previously-anticipated cost, but saw a lot of pent-up demand for Medicaid. He added the current request is approximately \$90 million.

**Senator Harris** expressed his fear that providers will opt out if rates are reduced. **Mr. Wimmer** agreed with the concern. He mentioned the language in the proposed legislation is permissive, and DHW intended to be careful to avoid problems for Idahoans or compliance with federal programs.

**Vice Chairman Riggs** commented the language is vague and he asked if there are any limitations on the decreases and how the potential decreases would be controlled if budget projections were incorrect. **Mr. Wimmer** responded that the RS does not include any limitations on the decreases. However, there would be problems with providers if the decreases were too aggressive, and it would be difficult to increase provider rates in the future.

**Senator Agenbroad** stated his approval of controlling health care costs but disagreed with the proposed legislation due to the negative fiscal impact on the providers. He asked about any other Idaho Code that targets a specific expense to balance the budget. **Mr. Wimmer** replied Title 67 allows the Governor to reduce state agency expenditures if there are budget shortfalls. He added this legislation is specific to provider rates rather than executive branch authority. **Senator Agenbroad** reported he is not aware of anything similar in Idaho Code other than the Governor's authority, and he has concerns about how broadly the legislation is written and the potential for circumventing the Joint Finance and Appropriations Committee (JFAC) budgeting process. **Senator Agenbroad** advised he will not support printing **RS 28101**.

**Senator Wintrow** expressed agreement with the previous comments from Committee members.

**Chairman Martin** requested Mr. Wimmer work with the providers to find a solution. He mentioned receiving many calls about the proposed legislation.

**MOTION:**

**Senator Lee** moved that **RS 28101** be returned to the sponsor. **Senator Agenbroad** seconded the motion.

**DISCUSSION:**

**Senator Lee** commented the providers need to be involved and stated her belief the proposed legislation would circumvent JFAC. She opined a systematic review of provider rates and services could still be done this session.

**Vice Chairman Riggs** remarked the silver lining in the events of 2020 is an opportunity to review current processes and find better ways to address challenges. He suggested finding a solution that will work for everyone in the long term.

**Senator Heider** stated his agreement with the entire Committee discussion on the RS.

**VOICE VOTE:**

The motion to return **RS 28101** to the sponsor carried by **voice vote**.

**ADJOURNED:**

There being no further business, **Chairman Martin** adjourned the meeting at 3:55 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Wednesday, January 20, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

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SUBJECT	DESCRIPTION	PRESENTER
GUBERNATORIAL APPOINTMENT:	Committee Vote on the Gubernatorial Appointment of Jess Byrne as Director of the Department of Environmental Quality	
DOCKET NO.:		
<a href="#">24-0301-2000F</a>	State Board of Chiropractic Physicians	Tim Frost, Legislative and Regulatory Affairs Manager, Idaho Division of Occupational and Professional Licenses
<a href="#">24-0501-2000F</a>	Board of Drinking Water and Wastewater Professionals	
<a href="#">24-0601-2000F</a>	Licensure of Occupational Therapists and Occupational Therapy Assistants	
<a href="#">24-0901-2000F</a>	Board of Examiners of Nursing Home Administrators	
<a href="#">24-1001-2000F</a>	State Board of Optometry	
<a href="#">24-1101-2000F</a>	State Board of Podiatry	
<a href="#">24-1401-2000F</a>	State Board of Social Work Examiners	
<a href="#">24-1601-2000F</a>	State Board of Dentistry	
<a href="#">24-1701-2000F</a>	State Board of Acupuncture	
<a href="#">24-1901-2000F</a>	Board of Examiners of Residential Care Facility Administrators	
<a href="#">24-2301-2000F</a>	Speech, Hearing, and Communication Services Licensure Board	
<a href="#">24-2401-2000F</a>	Genetic Counselors Licensing Board	
<a href="#">24-2601-2000F</a>	Idaho Board of Midwifery	
<a href="#">24-2701-2000F</a>	Idaho State Board of Massage Therapy	
<a href="#">24-3101-2000F</a>	Idaho State Board of Dentistry	
<a href="#">24-1301-2000F</a>	Physical Therapy Licensure Board	
<a href="#">24-3300-2000F</a>	Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho (Omnibus)	
<a href="#">24-1201-2000F</a>	Idaho State Board of Psychologist Examiners	

<a href="#">24-1501-2000F</a>	Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists
<a href="#">24-3401-2000F</a>	Idaho Board of Nursing
<a href="#">24-3601-2000F</a>	Idaho State Board of Pharmacy
<a href="#">24-3303-2001</a>	General Provisions of the Board of Medicine

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

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MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 20, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Harris, Zito, Stennett, and Wintrow

**ABSENT/EXCUSED:** Senators Lee and Agenbroad

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health & Welfare Committee (Committee) to order at 3:00 p.m.

**GUBERNATORIAL APPOINTMENT:** **Chairman Martin** called for the vote on the gubernatorial appointment of Jess Byrne as Director of the Idaho Department of Environmental Quality.

**MOTION:** **Senator Harris** moved to send the gubernatorial appointment of Mr. Byrne to the floor with recommendation that he be confirmed by the Senate. **Senator Wintrow** seconded the motion.

**DISCUSSION:** **Chairman Martin** commented there are good, quality people in the state agencies, and he is happy to see someone from Idaho promoted from within the agency. **Chairman Martin** said he has confidence in Mr. Byrne's ability.

**VOICE VOTE:** The motion to send the gubernatorial appointment of Mr. Byrne to the floor with recommendation that he be confirmed by the Senate passed by **voice vote**.

**PASSED THE GAVEL:** Chairman Martin passed the gavel to Vice Chairman Riggs.

**DISCUSSION:** **Vice Chairman Riggs** distributed a list of dockets on the agenda with a brief explanation of how they were organized on the list.

**Tim Frost**, Legislative and Regulatory Affairs Manager, Division of Occupational and Professional Licenses (DOPL), introduced himself to the Committee on behalf of the health profession boards. **Mr. Frost** stated Nicki Chopski, Section Chief for the Health Professions, DOPL, was also present.

**DOCKET NO. 24-0301-2000F** **Rules of the State Board of Chiropractic Physicians**, p. 396. **Mr. Frost** advised Rule 708 was amended to implement S 1331 from the 2020 Legislative Session. He reported the docket reinstated a \$175 certification fee for clinical nutrition that was inadvertently removed in 2019.

**MOTION:** **Chairman Martin** moved to approve **Docket No. 24-0301-2000F**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO. 24-0501-2000F** **Rules of the Board of Drinking Water and Wastewater Professionals (BDWWP)**, p. 413. **Mr. Frost** explained the docket removed two rules that are addressed in Idaho Code. **Mr. Frost** advised the Committee that the omnibus rule dockets are the result of a continued effort to streamline and eliminate redundancies in the regulations based on the Governor's Red Tape Reduction Act.

**Senator Stennett** inquired how often the BDWWP meets. **Mr. Frost** replied the BDWWP is required by Idaho Code to meet at least annually, but the BDWWP has discretion whether to meet more frequently.

**MOTION:**

**Senator Wintrow** moved to approve **Docket No. 24-0501-2000F**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
24-0601-2000F**

**Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants**, p. 431. **Mr. Frost** advised there were no changes made to the chapter.

**MOTION:**

**Chairman Martin** moved to approve **Docket No. 24-0601-2000F**. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
24-0901-2000F**

**Rules of the Board of Examiners of Nursing Home Administrators**, p. 443. **Mr. Frost** stated the docket contains no changes to the chapter.

**MOTION:**

**Senator Harris** moved to approve **Docket No. 24-0901-2000F**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
24-1001-2000F**

**Rules of the State Board of Optometry**, p. 450. **Mr. Frost** advised a rule was eliminated because it duplicated a portion of Idaho Code.

**MOTION:**

**Senator Harris** moved to approve **Docket No. 24-1001-2000F**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
24-1101-2000F**

**Rules of the State Board of Podiatry**, p. 462. **Mr. Frost** advised there were no changes to the rule.

**MOTION:**

**Senator Wintrow** moved to approve **Docket No. 24-1101-2000F**. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
24-1401-2000F**

**Rules of the State Board of Social Work Examiners (SBSWE)**, p. 506. **Mr. Frost** reported a rule requiring the SBSWE to meet at least three times per year was removed because board business dictates the number of meetings to be held annually.

**Chairman Martin** commented that normally proposed rules are sent out to stakeholders and meetings are held to take public comment. He asked if that process was followed on any of the dockets today, and if there was any public comment in opposition to the proposed rules. **Mr. Frost** responded that negotiated rulemaking was conducted on the Physical Therapy Licensure Board and the Board of Medicine general provisions dockets. The remaining dockets reauthorize last year's rules and involve no changes or minor changes, and no public hearings were held on these dockets. **Mr. Frost** reported the Division of Financial Management posted the dockets and allowed for public comment, and he is unaware of any public comment regarding these dockets.

**MOTION:**

**Chairman Martin** moved to approve **Docket No. 24-1401-2000F**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
24-1601-2000F**

**Rules of the State Board of Dentistry**, p. 534. **Mr. Frost** advised two rules were removed because they duplicated provisions of Idaho Code.

**MOTION:**

**Senator Heider** moved to approve **Docket No. 24-1601-2000F**. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

**Vice Chairman Riggs** requested that **Mr. Frost** present the remaining seven omnibus dockets together and stated the Committee would vote on them in one motion unless the Committee had questions or concerns.



**DOCKET NOS.  
24-1701-2000F,  
24-1901-2000F,  
24-2301-2000F,  
24-2401-2000F,  
24-2601-2000F,  
24-2701-2000F,  
24-3101-2000F**

**Rules of the State Board of Acupuncture**, p. 545; **Rules of the Board of Examiners of Residential Care Facility Administrators**, p. 554; **Rules of the Speech, Hearing, and Communication Services Licensure Board**, p. 560; **Rules of the Genetic Counselors Licensing Board**, page 575; **Rules of the Idaho Board of Midwifery**, p. 581; **Rules of the Idaho State Board of Massage Therapy**, p. 595; **Rules of the Idaho State Board of Dentistry**, p. 609. **Mr. Frost** advised **Docket No. 24-1701-2000F** contains no changes. **Docket No. 24-1901-2000F** removed Rule 200 because it duplicated Idaho Code. **Mr. Frost** explained **Docket No. 24-2301-2000F** removed Rule 270 because it duplicated Idaho Code. He reported **Docket No. 24-2401-2000F** amended Idaho Administrative Procedures Act 24.24.01.002 to update the referenced code of ethics to the most current 2017 version. **Mr. Frost** stated **Docket No. 24-2601-2000F** removed Rule 100.03 because it duplicated Idaho Code. He said **Docket No. 24-2701-2000F** removed Rule 100.01 because it duplicated Idaho Code. **Mr. Frost** said **Docket No. 24-3101-2000F** contains no changes. **Mr. Frost** commented the foregoing rule dockets involve no fiscal impact to the general fund or any agency dedicated fund.

**MOTION:**

**Chairman Martin** moved to approve **Docket Nos. 24-1701-2000F, 24-1901-2000F, 24-2301-2000F, 24-2401-2000F, 24-2601-2000F, 24-2701-2000F, and 24-3101-2000F**. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**Vice Chairman Riggs** stated the remaining dockets on the agenda would be heard individually.

**DOCKET NO.  
24-1301-2000F**

**Rules Governing the Physical Therapy Licensure Board**, p. 492. **Mr. Frost** introduced himself on behalf of the Physical Therapy Licensure Board (PTLB) and listed the professions the PTLB regulates. He commented the PTLB reviewed the rules in 2019 and 2020 to eliminate redundant and obsolete rules, and negotiated rulemaking was conducted to implement H 339 passed in 2020.

**Mr. Frost** stated several rule provisions were either amended or deleted because they were duplicative of Idaho Code. He explained the docket increased the ratio of physical therapy assistants, supportive personnel, and students that a physical therapist may supervise. **Mr. Frost** reported the PTLB added new language to establish an inactive status for licensees, together with new inactive license fees of \$15 for a physical therapist and \$10 for a physical therapist assistant. He added the inactive license fee will be deducted from the active status renewal fee, resulting in no additional cost to the licensee. **Mr. Frost** stated a new dry needling certification and recertification fee of \$25 was added to implement changes to Idaho Code § 54-2225. Minor changes were made to clean up formatting.

**Mr. Frost** mentioned there is no fiscal impact to the General Fund from this docket, and there is a small positive fiscal impact to the dedicated fund of \$2,500 resulting from the dry needling certification and recertification fee for the anticipated 100 physical therapists who would become certified.

**Chairman Martin** thanked Mr. Frost for explaining the impact of the change on the agency's dedicated fund. He asked for more information on the ratio change for physical therapist supervision. **Mr. Frost** replied the rule previously set forth a two-to-one ratio for each category of supervision, but the categories were separate and it was confusing to the licensees. He added the rule change clarifies the ratio and specifically allows a three to one ratio for a physical therapist who is using both physical therapy assistants and supportive personnel.

**MOTION:**

**Chairman Martin** moved to approve **Docket No. 24-1301-2000F**. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
24-3300-2000F**

**Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho (Omnibus)**, p. 628. **Mr. Frost** presented the omnibus docket of six chapters from the Board of Medicine (BOM) and listed the licensed professions regulated by the BOM. The first chapter of the rule docket on page 631 relates to licensure to practice medicine and osteopathic medicine. **Mr. Frost** identified each change and provided the page number for each. He explained the docket in the first chapter removed unnecessary definitions, moved licensure requirements to BOM-approved forms, reduced the time period for foreign medical graduates to qualify for a full license from three years to two years, and made permanent rules waived for COVID-19.

**Chairman Martin** asked why there are no strikeouts on the pages of the rules review book. **Mr. Frost** replied the fee rules are considered new rules, thus no redlines are provided pursuant to the letter of explanation from DFM in the fee rule review book.

**Mr. Frost** pointed out on page 637 the BOM removed the requirement for a supervising physician to register with the BOM, making permanent a change enacted during COVID-19 and eliminating an estimated total \$2,600 burden for licensees.

**Mr. Frost** highlighted the changes in the second chapter of the docket pertaining to physician assistants. He advised the docket removed a duplicative definition and the requirement to notify the BOM when working with a supervising physician. **Mr. Frost** related the docket eliminated the weekly record review requirement for a supervising physician and allows the physician to determine when a review is needed.

**Mr. Frost** stated there were no changes to the third and fourth chapters of the docket relating to naturopathic medical doctors and athletic trainers.

**Mr. Frost** explained the fifth chapter relates to respiratory therapists, and on page 649, the BOM amended Rule 33 to eliminate supervision requirements for respiratory care providers. He added the requirement was not specified in statute and the rule was waived during COVID-19. **Mr. Frost** informed the Committee there were no changes made to the sixth rule chapter relating to dietitians. He advised there was no fiscal impact to the general fund from this docket and a decrease of \$2,600 per year to the agency's dedicated fund.

**Vice Chairman Riggs** reminded the Committee that the docket can be approved in whole or in part if there are issues with any portion of the rule.

**Chairman Martin** asked how long the change to Rule 201 regarding supervision has been in place and if the BOM has identified any problems with the change.

**Mr. Frost** answered the rule was waived 10 to 11 months ago at the beginning of the COVID-19 pandemic, and the statute requires a supervising physician even if there is no registration. The change simply removed terminology relating to alternate supervising physicians and the BOM's registration requirement because physicians are already licensed and the BOM can take action against a license if necessary.

**MOTION:**

**Senator Wintrow** moved to approve **Docket No. 24-3300-2000F**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
24-1201-2000F**

**Rules of the State Board of Psychologist Examiners**, p. 469. **Mr. Frost** presented the docket which removed the requirement for licensed psychologists to be at the same physical location as the service extenders they supervise and authorized electronic communication. He stated the change allows those holding either a master's or bachelor's degree to become a Category III service extender.

**Senator Stennett** inquired what credentials justify a Category III service extender. **Mr. Frost** replied that Rule 450 details criteria for Category I, II, and III service extenders and describes the education requirements and scope of practice for each. **Senator Stennett** asked for another credential besides a degree that would distinguish between Category II and Category III. **Mr. Frost** answered he is unsure about Category II credentials, but an example for Category III would accept a bachelor's in mental health to work with a licensed psychologist within the scope of practice.

**Vice Chairman Riggs** asked Mr. Frost to present the remaining dockets that were submitted pursuant to the Governor's executive order in one presentation, and the Committee will make one motion at the conclusion.

**DOCKET NO.  
24-1501-2000F**

**Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists (BPCMFT)**, p. 520. **Mr. Frost** reviewed the Governor's Executive Order 2020-13. The BPCMFT amended Rule 300 to provide a process for licensure by endorsement, consistent with the Occupational Licensing Reform Act. The change eliminated a five-year practice requirement and allows a practitioner to obtain an endorsement to practice in Idaho if they have a current license from a state with substantially similar licensing requirements. **Mr. Frost** commented the change has streamlined access to counselors and therapists during COVID-19.

**Senator Wintrow** expressed her happiness about the change and said she has received several calls from practitioners over the years who were licensed in another state but it had been difficult to become licensed in Idaho.

**Mr. Frost** commented the change decreases licensure barriers, and he added DOPL is looking at the endorsement processes for all regulatory boards to align the practice.

**Senator Stennett** mentioned she is thrilled to hear the process will be more streamlined but is concerned about the type of vetting done when bringing in out-of-state providers and inquired whether there is any rigor in the process.

**Mr. Frost** responded that an endorsement licenses a professional that is already licensed in another state and has undergone a background check and clinical and board examinations. He reported Idaho Code specifies the requirements for licensure by endorsement, and the BPCMFT felt the requirement for an additional five years of experience should be removed. **Mr. Frost** added that the other state of licensure must have substantially the same licensing requirements as Idaho.

**DOCKET NO.  
24-3401-2000F**

**Rules of the Idaho Board of Nursing**, p. 652. **Mr. Frost** stated the docket authorized senior nursing students to begin working 30 days prior to scheduled graduation under direct supervision of another licensed registered nurse, allowing nursing students to prepare for final exams and increase health care capacity to respond to the COVID-19 pandemic. The docket also permanently eliminated the \$10 fee requirement for nurse apprentice applications, resulting in an estimated \$1,000 annual savings for apprentices.

**DOCKET NO.  
24-3601-2000F**

**Rules of the Idaho State Board of Pharmacy**, p. 697. **Mr. Frost** explained the docket simplified the pharmacy technician registration process during COVID-19. He added the changes removed an outdated definition that is not used in law or rule and clarified the pharmaceutical care definition relating to a licensee's ability to perform COVID-19 testing. **Mr. Frost** specified the emergency refill provisions were simplified to align with more than 25 other states to ensure continuity of care during COVID-19. He indicated the docket provides pharmacist clinical exam score transfers into Idaho during the exam process will be accepted up to one year. **Mr. Frost** reported the docket rescinds dispensing limitations for certain drugs.

**Mr. Frost** remarked there is no impact to the General Fund and a \$1,000 negative impact to the Board of Nursing dedicated fund.

**MOTION:**

**Chairman Martin** moved to approve **Docket Nos. 24-1201-2000F, 24-1501-2000F, 24-3401-2000F, and 24-3601-2000F**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**Chairman Martin** commented when the Committee discusses the rules, he thinks of people affected by them and the health care providers in front-line service. He expressed his gratitude for the work they do.

**DOCKET NO.  
24-3303-2001**

**General Provisions of the Board of Medicine**, page 69. **Mr. Frost** advised portions of the BOM's rules were suspended in 2020 to facilitate medical response to the COVID-19 state of emergency, and the BOM conducted negotiated rulemaking on this docket. **Mr. Frost** reported the docket eliminated unnecessary definitions that already appear in statute. He advised the docket removed a provisional licensure requirement for certain new graduates because it duplicates provisions of the respective rules of other allied health boards. **Mr. Frost** commented the docket repealed a rule pertaining to notification to licensees of an investigation because it duplicates a posted policy on the BOM's website and removed a reference to a telehealth licensure requirement because it duplicates a provision of Idaho Code. **Mr. Frost** stated the docket contains other minor edits and formatting corrections.

**Senator Wintrow** inquired about the difference between board policy and a rule.

**Mr. Frost** responded that a policy is determined in a public session of a board meeting, while a rule must go through the rulemaking process. The Governor issued an executive order regarding transparency of agency documents and policies, and while a policy does not carry the force of law, it is visible to the public.

**MOTION:**

**Senator Harris** moved to approve **Docket No. 24-3303-2001**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**PASSED THE  
GAVEL:**

Vice Chairman Riggs passed the gavel back to Chairman Martin.

**ADJOURNMENT:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:24 p.m.

Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Thursday, January 21, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
MINUTES APPROVAL: DOCKET NO.:	Minutes of January 13, 2021	Senator Heider
<a href="#">16-0309-2002</a>	Medicaid Basic Plan Benefits	David Welsh, Bureau Chief, Division of Medicaid, Idaho Department of Health & Welfare
<a href="#">16-0309-2004</a>	Medicaid Basic Plan Benefits	Alexandra Fernandez, Bureau Chief, Division of Medicaid, Idaho Department of Health & Welfare
<a href="#">16-0310-2002</a>	Medicaid Enhanced Plan Benefits	Alexandra Fernandez
<a href="#">16-0321-2001</a>	Development Disabilities Agencies (DDA)	Eric Brown, Program Manager, Division of Licensing & Certification, Idaho Department of Health & Welfare
<a href="#">16-0417-2001</a>	Residential Habilitation Agencies	Eric Brown

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
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MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, January 21, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health & Welfare Committee (Committee) to order at 3:01 p.m.

**MINUTES APPROVAL:** **Senator Heider** moved to approve the Minutes of January 13, 2021, **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

**PASSED THE GAVEL:** Chairman Martin passed the gavel to Vice Chairman Riggs to introduce the rules.

**Vice Chairman Riggs** advised the dockets on the agenda are found in the pending rules review book. **Chairman Martin** asked when the Committee would finish its rules review. **Vice Chairman Riggs** responded the rules review will be complete on Monday, January 25, 2021.

**DOCKET NO. 16-0309-2002** **Rules of the Department of Health and Welfare, Medicaid Basic Plan Benefits**, p. 15. **David Welsh**, Bureau Chief, Bureau of Care Management, Division of Medicaid, Department of Health and Welfare (DHW), introduced himself to the Committee and stated the purpose of the docket is to remove references in the rules related to the Behavioral Health Transformation waiver. **Mr. Welsh** reminded the Committee it approved the same docket as a temporary rule in 2020. S 1204, enacted in 2019, mandated DHW to apply for a federal waiver to enable use of Medicaid funds to pay for substance abuse and/or mental health services in institutions for mental disease. **Mr. Welsh** reported DHW was required to engage an outside consulting firm to provide a fiscal analysis of the program changes to prove they would be cost neutral or save money, and DHW must submit proof of cost neutrality every quarter through the five-year waiver demonstration. He remarked DHW obtained approval of the waiver on April 17, 2020. **Mr. Frost** commented the waiver has expanded options for behavior health care to reduce opioid overdoses and suicide rates. He advised DHW did not conduct negotiated rulemaking, but DHW held public hearings and took public comment on the docket and public comments were overwhelmingly positive.

**DISCUSSION:** **Chairman Martin** asked Mr. Welsh how the docket benefits those with substance abuse disorder and suicidal tendencies. **Mr. Walsh** replied that prior to the waiver, someone experiencing substance use disorder would be required to present at an acute care hospital for treatment, the most expensive option for psychiatric treatment. He added with the waiver, DHW can offer specialized treatment focused on the needs of substance use cases at mental health facilities, which reduces the possibility of suicide due to the substance use disorder, he said.

**Chairman Martin** inquired if the entire program is cost neutral or less expensive. **Mr. Walsh** stated it is more cost effective to treat individuals with these disorders in institutions for mental disease and it is the least restrictive environment for patients. He added the entirety of the waiver program must be cost neutral, and savings are achieved by providing intermediate levels of care and services on an outpatient rather than acute care basis.

**MOTION:**

**Senator Agenbroad** moved to approve **Docket No. 16-0309-2002**. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
16-0309-2004**

**Rules of the Department of Health and Welfare, Medicaid Basic Plan Benefits**, p. 20. **Alexandra Fernandez**, Bureau Chief, Bureau of Longterm Care, Division of Medicaid (Division), DHW, introduced herself to the Committee. **Ms. Fernandez** said the docket has two objectives: 1.) Improve access to peer support and recovery coaching services for substance use disorder; and 2.) Implement new federal requirements for Electronic Visit Verification (EVV) for home health services. **Ms. Fernandez** stated peer support and recovery coaching applications are often denied due to the applicants having drug-related convictions resulting from personal experience with substance use disorder. She reported the docket would allow applicants to apply for variances and align the Division's rules with those of the Division of Behavioral Health (DBH), which has successfully implemented a comparable process. She commented the change would improve access to coaching services for participants and has no fiscal impact. **Ms. Fernandez** mentioned the Division received positive feedback during the public comment period and public hearing, along with one comment requesting that any provider approved through the Division's variance process also be approved to offer all Medicaid services. The Division is not able to accommodate that request due to conflicting requirements for other types of service providers, she said.

**Ms. Fernandez** advised the second part of the docket implements a federal mandate for personal care and home health service providers to use EVV to validate delivery of the services and reduce fraud and waste. She noted the federal government will impose an ongoing annual penalty of approximately \$1.5 million of State General Funds if the State does not implement the EVV mandate. **Ms. Fernandez** explained EVV is software that verifies a paid caregiver was at the expected time and place, providing previously authorized services to the correct participant. She said the docket establishes minimum standards for Idaho service providers to adopt EVV systems. **Ms. Fernandez** mentioned the 2020 Legislature approved EVV implementation expenses of \$2.4 million and a reimbursement rate increase for providers to offset costs incurred in adopting EVV platforms. She stated the Division engaged informally with stakeholders and conducted negotiated rulemaking and public hearings. **Ms. Fernandez** reported the Division received many provider comments, primarily regarding how the mandate would affect provider business operations and revenue. She added that comments from participants and advocates related to respect for participants' autonomy and privacy while using the technology. **Ms. Fernandez** explained the Division addressed these concerns by including provisions to improve training for participant technical support and requiring service providers to obtain informed consent from participants. She added the docket also streamlines the documentation requirements for Division programs because much of the documentation will be maintained electronically through the EVV platform.

**DISCUSSION:**

**Senator Lee** commented she recalls the prior budget appropriation for EVV and asked whether there was a single vendor selected for the project.

**Ms. Fernandez** replied the Division is contracted with the same vendor it uses for its claims system. She stated that vendor has a contract with Sandata to launch the EVV platform, and providers can choose any EVV vendor as long as the vendor is compatible with the Sandata platform.

**Senator Lee** asked when the penalties would begin and how many providers will be ready by the effective date of the rule so the State can avoid penalties.

**Ms. Fernandez** responded federal match penalties began on January 1, 2021 at the rate of 0.5 percent of currently applicable services. She added the approximate penalty amount incurred to date is \$60,000, and it is an escalating penalty. She commented the Division has disputed the penalty and requested flexibility because of delays in the contracting process due to COVID-19. **Ms. Fernandez** stated the number of providers who will be ready on July 1 is unknown, but the Department is actively engaged with nearly 100 percent of the enrolled providers. She added there may be some stragglers but the Department has a back-up plan to get them oriented quickly. **Ms. Fernandez** advised the Department has placed banners on its claims engine and messages on each provider's claims documentation to notify providers of the requirements.

**Senator Lee** mentioned she appreciates the Division's disputing the federal penalty and its methods of notifying the providers. She asked if the State would deny provider claims if the providers have not implemented EVV, allowing penalty dollars to be recouped from those providers.

**Ms. Fernandez** confirmed as of July 1, if a provider submits a claim without corresponding EVV data, the claim will be denied until the data is received. The federal penalty would be offset by denying claims from non-compliant providers.

**Chairman Martin** referred to pages 23-24 of the docket and said the factors to be considered for a peer support variance appear very subjective. He inquired how variance decisions will be made and who will make them, and whether a certain amount of time must pass after an applicant's conviction for the applicant to obtain a variance.

**Ms. Fernandez** replied the process for approving variances has not been developed but the docket was written to align with Division of Behavioral Health rules. She commented the requirements were purposely left subjective to permit a panel to evaluate the appropriateness of an individual. **Ms. Fernandez** stated a history of egregious or violent crimes would be grounds to reject the application.

**Vice Chairman Riggs** asked what type of devices will be compatible and commonly used with the EVV software.

**Ms. Fernandez** responded the most common software is smart phone based and global positioning satellite enabled to capture time in, time out, and location. She explained the software will identify a personal identification number assigned to verify the identity of the participant and the caregiver. **Ms. Fernandez** stated providers in remote areas without cell service will have alternatives. She reported the provider can install a bar code on a fixed object in a participant's home and use their device to check in and out on that object.

**MOTION:**

**Chairman Martin** moved to approve **Docket No. 16-0309-2004**. **Senator Lee** seconded the motion. The motion carried by **voice vote**.



**DOCKET NO.  
16-0310-2002**

**Rules of the Department of Health and Welfare, Medicaid Enhanced Plan Benefits**, p. 31. **Ms. Fernandez** explained the docket would update requirements for a skilled nursing facility seeking designation as a Behavioral Care Unit (BCU) and increase the BCU census requirement from 20 to 30 percent for new providers, along with implementing the new EVV requirements previously described. **Ms. Fernandez** reported BCUs serve high needs individuals with qualifying mental or physical disabilities in conjunction with challenging behaviors, defined as socially inappropriate, destructive, or physically or verbally abusive behaviors. A nursing facility applying for BCU designation would be required to demonstrate that at least 30 percent of its residents meet the criteria for challenging behaviors, she said. **Ms. Fernandez** added that the number of BCUs in Idaho has increased from 7 to 21 since 2018. She observed the change would incentivize providers seeking BCU designation to render services with no fiscal impact to the State. **Ms. Fernandez** pointed out the second part of the docket contains changes identical to **Docket No. 16-0309-2004** with the exception that the changes in Chapter 10 are specific to personal care services whereas Chapter 9 aligns with home health services. She remarked the Division received two comments supporting the BCU census change because it will enhance access to a BCU.

**DISCUSSION:**

**Senator Lee** commented she is very interested in this topic and asked for clarification on the change from 20 to 30 percent. She opined there is insufficient access to care in Idaho and asked about the outcome for facilities that are unable to increase capacity to 30 percent. **Senator Lee** inquired what would happen to the 20 percent of residents already in such a facility.

**Ms. Fernandez** reported a facility has flexibility at the 20 percent census requirement to decline to admit a patient, and the Division wants to incentivize providers to place challenging patients. **Ms. Fernandez** explained for facilities currently at 20 percent census, the Division would determine future reimbursement rates based on previous year's expenditures in conjunction with needs of the residents. **Ms. Fernandez** added such a facility would not qualify for designation as a BCU.

**Senator Lee** asked for provider response to the rule and stated it seems like a substantive change. She mentioned she had not heard of the rule change, and she usually hears from many of the providers about proposed changes.

**Ms. Fernandez** stated the issue was actively discussed in a work group comprised of nursing facility providers who want to enhance quality of care. She said the work group providers were all supportive of the change, which might seem surprising because of past disagreements. **Ms. Fernandez** advised the number of providers has outpaced expectations and the market is nearly saturated with BCUs, giving participants more choices while allowing providers to enhance quality.

**Chairman Martin** commented the statements about providers filling the market is surprising. He asked whether the two comments received at the public hearing were positive, negative, or neutral.

**Ms. Fernandez** replied the comments were supportive of the rule.

**MOTION:**

**Senator Lee** moved to approve **Docket No. 16-0310-2002**, with the exception of the changes in section 267.02. **Senator Agenbroad** seconded the motion.

**DISCUSSION:**

**Senator Lee** explained her motion was to strike the change from 20 to 30 percent on page 38. She asserted there is insufficient access to care in rural communities, and she has constituents in her district who lack services, resulting in people with violent tendencies not receiving proper care. She urged pausing on the change for one more year until there is further evidence of sufficient statewide access to care.

**Senator Wintrow** stated she does not understand how the change is helpful and expressed agreement with Senator Lee. She commented there is a second reference to the change in section 268.02 on page 39.

**Vice Chairman Riggs** asked Senator Lee if she would like to restate her motion. **Senator Lee** repeated her motion would require the facilities to meet all the requirements of the rule but would only strike the 30 percent language. **Vice Chairman Riggs** inquired if Senator Lee wanted to amend her motion to include Section 268.02.

**MOTION:** **Senator Lee** moved to approve **Docket No. 16-0310-2002** with the exception of the changes from 20 to 30 percent in Sections 267.02 and 268.02 and retaining the remaining language of those sections. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

**Vice Chairman Riggs** thanked Ms. Fernandez for an informative presentation.

**DOCKET NO. 16-0321-2001** **Rules of the DHW, Developmental Disabilities Agencies (DDA)**, p. 60. **Eric Brown**, Program Manager, Division of Licensing and Certification (DLC), DHW, introduced himself to the Committee. **Mr. Brown** described the duties of the DLC and mentioned Idaho has 72 certified developmental disabilities agencies operating in 169 locations. **Mr. Brown** stated the docket is the result of the Governor's Executive Order 2020-13 to identify temporarily waived rules that can be permanently eliminated. **Mr. Brown** explained the changes to the supervision requirements in Section 400.03 would eliminate the requirement for face-to-face supervision. He reported Sections 410.02.a and 410.02.d were deleted because the requirements are adequately covered in other sections of rule. **Mr. Brown** advised the rule is scheduled for a complete rewrite in 2021, and stakeholders will have the opportunity to participate in negotiated rulemaking.

**DISCUSSION:** **Chairman Martin** commented that the on-site, face-to-face requirement for supervision has been deleted on page 62. He asked whether it is preferable to have on-site supervision, or if remote supervision will suffice.

**Mr. Brown** replied the DLC has required face-to-face supervision in the past but it is difficult for one supervisor to locate staff dispersed throughout the community, while telework allows the supervisor to more easily observe staff providing services.

**Senator Wintrow** inquired if there was any negative input from stakeholders about the change.

**Mr. Brown** answered that the DDA did not receive any feedback of any kind.

**MOTION:** **Senator Harris** moved to approve **Docket No. 16-0321-2001**. **Chairman Martin** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO. 16-0417-2001** **Rules of the DHW, Residential Habilitation Agencies**, p. 65. **Mr. Brown** explained the duties of his team and stated Idaho has 81 certified residential habilitation agencies operating 124 office locations. He advised the docket permanently eliminates rules that were temporarily waived during the COVID-19 pandemic. **Mr. Brown** reported Sections 203.07, 203.08, 204.02.a, 204.02.f, and 204.02.j.(iii) are deleted because they are adequately addressed in or duplicate other sections. He added Section 204.02.h is deleted because there is no requirement for agency staff to ensure a participant's home is cleaned or maintained unless the participant has therapeutic goals related to housekeeping.

**MOTION:** **Senator Stennett** moved to approve **Docket No. 16-0417-2001**. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**Senator Lee** stated she voted on the prevailing side and requested a motion to reconsider the vote on her motion to approve **Docket No. 16-0310-2002** because she has identified another section of the docket to be changed. **Chairman Martin** replied the Committee would entertain her motion at the next meeting.

**PASSED THE  
GAVEL:**

Vice Chairman Riggs passed the gavel back to Chairman Martin.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:58 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Monday, January 25, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
DOCKET NO.:		
<a href="#">41-0101-2000</a>	Rules of Idaho Public Health District #1	Joe Righello, Division Administrator, Panhandle Health District
<a href="#">16-0000-2000F</a>	Department of Health and Welfare (Omnibus)	Tamara Prisock, Administrator, Licensing & Certification, Idaho Department of Health and Welfare
<a href="#">16-0307-2001</a>	Home Health Agencies	Tamara Prisock
<a href="#">RS28159</a>	Relating to Public Assistance	Matt Wimmer, Administrator, Division of Medicaid, Idaho Department of Health and Welfare
GUBERNATORIAL REAPPOINTMENTS:	Committee Consideration of the Reappointment of Sue Walker to the Commission for the Blind & Visually Impaired	Sue Walker
	Committee Consideration of the Reappointment of Dr. Timothy Rarick to the State Board of Health and Welfare	Dr. Timothy Rarick

Public Testimony Will Be Taken by Registering Through the Following Link:  
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***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin	Sen Agenbroad
Vice Chairman Riggs	Sen Zito
Sen Heider	Sen Stennett
Sen Lee	Sen Wintrow
Sen Harris	

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
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MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, January 25, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health & Welfare Committee (Committee) to order at 3:00 p.m.

**PASSED THE GAVEL:** Chairman Martin passed the gavel to Vice Chairman Riggs.

**DOCKET NO. 41-0101-2000** **Rules of Idaho Public Health District #1**, p. 74. **Joe Righello**, Division Administrator, Panhandle Health District (PHD), introduced himself to the Committee and introduced Lora Whalen to present opening remarks. **Lora Whalen** Director, PHD, introduced herself to the Committee. **Ms. Whalen** mentioned PHD Program Managers Erik Ketner and Mary Rehnberg were also present, along with representatives from the Idaho Department of Environmental Quality (DEQ). **Ms. Whalen** advised the omnibus docket is before the Committee because both houses of the Legislature failed to adopt a concurrent resolution to extend the rules in 2020 as required by Idaho Code § 39-416. She added both the Idaho House and Senate reviewed and separately approved the rules last year. **Ms. Whalen** advised PHD received multiple letters of support from various local stakeholders for both sections of the rule and listed the stakeholders for the Committee.

**Mr. Righello** explained the omnibus rule consists of one chapter that is unchanged from the 2020 rule. PHD reviewed the rule in 2019 and again in 2020 to eliminate outdated or unnecessary language. He highlighted the reduction in restrictive language and word count of the rule. **Mr. Righello** commented PHD exceeded the Governor's goals to reduce unnecessary regulatory burdens while maintaining a consistent level of environmental health protection of North Idaho's citizens.

**Mr. Righello** described two environmental issues unique to the PHD that are addressed in the docket. He explained the Bunker Hill Superfund Site Institutional Controls Program (ICP) is federally mandated to address contamination from past mining activity in the Silver Valley and Coeur d'Alene River Basin. **Mr. Righello** observed the PHD was selected to implement the program through a multi-year public engagement process, and the program is funded by settlement funds from mining companies. **Mr. Righello** listed the services provided by the ICP: 1.) monitoring and maintaining barriers installed over contaminants; 2.) operating a Lead Health Intervention Program; 3.) offering free environmental property disclosures; and 4.) providing free local disposal for contaminated waste materials.

**Mr. Righello** explained the second section of the docket pertains to the Rathdrum Prairie Aquifer (RPA) and was created to address groundwater degradation. He added the RPA is the sole source of drinking water for over 120,000 Idaho citizens and is susceptible to contamination due to its overlay of porous sands and gravel. **Mr. Righello** stated RPA is the only sole-source aquifer in Idaho not polluted by nitrates. He pointed out the services offered by PHD: 1.) providing education, technical assistance, and outreach to businesses on best practices for chemical handling and storage; and 2.) monitoring RPA water quality in partnership with DEQ. **Mr. Righello** noted both the ICP and RPA programs are locally managed and locally funded, and the RPA program is self-supported through local funding.

**Chairman Martin** asked if PHD conducted any public hearings on the docket or if PHD officials felt public hearings were unnecessary. **Mr. Righello** answered PHD went through the rulemaking process in 2019, including a public hearing, and there was no public comment. He added the process was not repeated this year because the rule is identical.

**MOTION:**

**Senator Lee** moved to approve **Docket No. 41-0101-2000**. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**DOCKET NO.  
16-0000-2000F**

**Department of Health and Welfare (Omnibus)**, p. 5. **Tamara Prisock**, Administrator, Division of Licensing and Certification, Idaho Department of Health and Welfare (DHW), introduced herself to the Committee. She said the docket adopts and republishes DHW's 17 existing fee rule chapters, which were not reauthorized in 2020. **Ms. Prisock** stated only Chapters 16-0309 and 16-0506 contain changes. She mentioned the Governor's Executive Order 2020-13 required agencies to review all temporarily waived rules to determine any that could be permanently waived. **Ms. Prisock** explained Section 116.02.a in Chapter 16-0309 eliminates the requirement that half of all annual training for Certified Family Home providers be interactive. She added Section 116.04 was also changed to align the rule with the change to Section 116.02.a. **Ms. Prisock** observed that relaxing the delivery method does not affect the content of acceptable training topics, which must be relevant to care, services, and supervision of residents, with at least half of the training specific to the needs of admitted residents in that home. She added it is difficult for many providers to access interactive training, and removing the requirement will give providers flexibility in obtaining the required eight hours of annual training without negatively impacting care. **Ms. Prisock** introduced Fernando Castro to present the changes to Chapter 16.0506.

**Fernando Castro**, Program Supervisor, Criminal History Unit, Bureau of Compliance, DHW, introduced himself to the Committee. He noted DHW engaged with stakeholders last year, and two changes to Chapter 16.506 are the result of their discussions. **Mr. Castro** stated Subsection 101.03.b adds the new State Hospital West to the list of facilities whose employees are required to receive a DHW clearance. He noted the change will prepare DHW to process employee background checks at DHW's newest psychiatric treatment facility when it opens. **Mr. Castro** reported the second change adds the crime of female genital mutilation, as defined in Idaho Code § 18-1506B, to the list of disqualifying offenses in Subsection 210.01.t. He commented victims of this crime are children under age 18 and the crime is a felony, with the penalty being life imprisonment. **Mr. Castro** observed DHW held negotiated rulemaking meetings with over 200 participant stakeholders regarding the addition of this disqualifying crime, and no one expressed opposition. He added there is no fiscal impact to the State General Fund or dedicated funds.

**DISCUSSION:**

**Chairman Martin** inquired of Ms. Prisock whether the interactive training requirement was waived due to COVID-19 or to make it easier for the providers or DHW. **Ms. Prisock** responded DHW temporarily waived certain rules at the outset of the pandemic, and during the time of the temporary waiver, DHW did not identify any concerns regarding training quality or resident safety. She commented DHW learned that the method of accessing training is less important than the training content. **Ms. Prisock** replied DHW's goal is to facilitate provider access to required training, and there is little impact on DHW. **Chairman Martin** asked for confirmation that the new training protocol does not cause any known safety concerns. **Ms. Prisock** answered DHW believes the change will result in no negative impact to care in certified family homes. She affirmed that training requirements must be related to the conditions of the residents served, and the method of accessing training does not impact training quality.

**Senator Wintrow** asked Mr. Castro how the list of disqualifying offenses is developed and mentioned some of them make sense to her. **Mr. Castro** explained the background check program has been in existence for nearly 16 years, and when it was first implemented, the federal government designated certain disqualifying crimes. He added that DHW does a strict review of Idaho Code after each Legislative Session to identify crimes affecting vulnerable populations, and DHW engages with the Idaho judiciary to learn the frequency of the crimes and the punishment adjudicated for convictions. **Mr. Castro** mentioned he hasn't seen any prosecutions for female genital mutilation. **Senator Wintrow** asked if misdemeanor vehicular manslaughter is a disqualifying crime. **Mr. Castro** answered yes and pointed out the crime appears as a five-year disqualifying offense on page 234 of the docket. **Senator Wintrow** stated she received questions about this particular disqualifying crime and asked the connection to someone performing nursing duties in a certified family home. **Mr. Castro** noted the program makes background checks portable, and a clearance for one purpose may be used for other DHW requirements. He commented it might have some significance for a nurse who wants to become a foster parent or first responder, for example. **Mr. Castro** added DHW has been thoughtful in determining disqualifying offenses and the length of disqualification. **Senator Wintrow** inquired whether an applicant can appeal a denial and request a review of the circumstances. **Mr. Castro** responded in the affirmative and added the DHW's appeal process is located on page 231 in Subsection 200.03.

**Chairman Martin** referred to page 234 and the reference to a sealed record in Subsection 210.02.d, and he asked whether DHW can unseal a record and look at it, or if the simple fact of a sealed record is a red flag. **Mr. Castro** replied DHW does not have blanket authority to look at every sealed case, but Idaho Court Administrative Rule 32 allows DHW to have access to sealed adult and juvenile criminal cases.

**TESTIMONY:**

**Maggie Goff**, representing herself, testified in opposition to the change removing the requirement for interactive training. She gave the example of a cardiopulmonary resuscitation class and stated it is very helpful to have in-person instruction.

**MOTION:**

**Chairman Martin** moved to approve **Docket 16-0000-2000F**. **Senator Heider** seconded the motion. The motion carried by **voice vote**. **Senator Zito** asked to be recorded as voting nay.

**DOCKET NO.  
16-0307-2001**

**Home Health Agencies**, p. 4. **Ms. Prisock** described the functions of home health agencies and reported there are 86 licensed home health agencies in Idaho. She distinguished between home health agencies and personal care or home care agencies, which do not require Idaho licensure. **Ms. Prisock** explained DHW waived 107 rules during the COVID-19 pandemic, including the requirement that only physicians could order home health services and monitor treatment, thus allowing licensed independent practitioners to perform these functions. **Ms. Prisock** referred to the Governor's Executive Order 2020-13 and stated the changes in the docket will make the temporary waiver permanent and align State licensure requirements with federal regulations. She noted the rule adds a new definition of licensed independent practitioner on page 7 and pointed out the remaining changes in the docket replace the word "physician" with "licensed independent practitioner."

**Chairman Martin** inquired how long the temporary waivers have been in effect. **Ms. Prisock** stated the rule was first temporarily waived in May. **Chairman Martin** asked if the change has been working well since that time or if any problems have been identified, and if the change needs to be reviewed in the future. **Ms. Prisock** responded the home health industry is thrilled about the change because limiting treatment orders and service monitoring functions to physicians can create bottlenecks in care. She opined the change will result in greater availability of practitioners and expanded access to health services statewide.

**MOTION:**

**Senator Lee** moved to approve **Docket No. 16-0307-2001**. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

**PASSED THE  
GAVEL:**

Vice Chairman Riggs passed the gavel back to Chairman Martin.

**RS 28159**

**Relating to Public Assistance**. **Matt Wimmer**, Administrator, Division of Medicaid, DHW, introduced himself to the Committee. He explained the proposed legislation deletes references to obsolete programs in Idaho Code §§ 56-209m, 56-236, 56-241, and 56-242, including a time-limited weight management pilot program and a premium assistance program that predated the Idaho Health Insurance Exchange. **Mr. Wimmer** added there is no fiscal impact to any fund because the programs are no longer in operation.

**MOTION:**

**Senator Heider** moved to send **RS 28159** to print. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**GUBERNATORIAL  
REAPPOINTMENT:**

**Committee Consideration of the Gubernatorial Reappointment of Sue Walker to the Commission for the Blind & Visually Impaired (Commission)**, of Boise, Idaho, to serve a term commencing July 1, 2019, and expiring July 1, 2022. **Ms. Walker** introduced herself to the Committee and gave a brief overview of her background and history of her service on the Commission. She provided an overview of the Commission's programs and commented she has learned a great deal about laws and regulations pertaining to the Commission. **Ms. Walker** stated she looked forward to continuing her service.

**Senator Lee** expressed her appreciation for Ms. Walker's service and commented it was interesting to hear the impact on those receiving services from the Commission. **Senator Lee** asked Ms. Walker to share an upcoming opportunity or challenge at the Commission. **Ms. Walker** replied she enjoys the work done with adolescents and younger students with visual impairments, some who begin to learn Braille as young as 4 years of age. She commented it is amazing to see how the Commission helps students develop self-confidence through difficult teenage years so they are ready to go to college.



**Chairman Martin** asked Ms. Walker to discuss her work with the Southern Poverty Law Center (SPLC). **Ms. Walker** described the work of the SPLC to assist underserved populations with unrecognized rights. **Chairman Martin** inquired how long Ms. Walker has served on the Commission. **Ms. Walker** responded her first term began in 2016. **Chairman Martin** thanked Ms. Walker for her willingness to serve and advised the Committee would vote on her reappointment at its next meeting. **Ms. Walker** stated it has been an honor to serve and hoped to be reappointed.

**RECESSED:**

**Chairman Martin** advised the Committee that Dr. Timothy Rarick was not available until 4:00 p.m. and recessed the meeting at 3:49 p.m.

**RECONVENED:**

**Chairman Martin** reconvened the meeting of the Committee at 4:00 p.m.

**GUBERNATORIAL  
REAPPOINTMENT:**

**Committee Consideration of the Gubernatorial Reappointment of Dr. Timothy Rarick to the Board of Health and Welfare (Board)**, of Rexburg, Idaho, to serve a term commencing January 1, 2021, and expiring January 1, 2025. **Dr. Rarick** introduced himself to the Committee and provided a brief overview of his background and history of service on the Board. He mentioned his position as a professor at Brigham Young University-Idaho, where he teaches child development, and marriage and family studies.

**Senator Lee** asked Dr. Rarick to comment on an upcoming challenge or opportunity for the Board. **Dr. Rarick** replied 2020 was an obvious challenge, and DHW was a key department to advise the Governor on decisions related to COVID-19. He stated humans need social, emotional, and cognitive development in addition to healthy physical development. **Dr. Rarick** opined DHW has appropriately balanced these aspects while trying to minimize the effects of the virus.

**Chairman Martin** noted Dr. Rarick has given several lectures on the importance of fatherhood and asked him to speak to this issue. **Dr. Rarick** responded he has reviewed considerable research and spoken many times at the United Nations and in foreign countries on the importance of fatherhood. **Dr. Rarick** commented father-daughter relationships are important to promote gender equality and healthy development of women and girls. He added that fathers are critical for optimal child development, but policy decisions often ignore this fact. Children are struggling because of societal issues that temporarily or permanently separate them from their fathers, he said. **Dr. Rarick** affirmed families should be strengthened and not replaced. He observed fathers are too often viewed as optional, replaceable, and laughable, especially in the media.

**Chairman Martin** stated he is a non-voting member of the Board and expressed his appreciation for Dr. Rarick's work. He advised the Committee would vote on the reappointment at its next meeting.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:10 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Tuesday, January 26, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
VOTES ON GUBERNATORIAL REAPPOINTMENTS:	Reappointment of Sue Walker to the Commission for the Blind & Visually Impaired	
	Reappointment of Dr. Timothy Rarick to the State Board of Health and Welfare	
PRESENTATION:	Health Districts (informational only - no public testimony)	Michael Kane, Idaho Association of District Health Boards
<a href="#">S 1015</a>	Relating to Domestic Water	Jerri Henri, Division Administrator, Idaho Department of Environmental Quality

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, January 26, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

**GUBERNATORIAL REAPPOINTMENT:** **Chairman Martin** called for the vote on the gubernatorial reappointment of Sue Walker to the Commission for the Blind and Visually Impaired.

**MOTION:** **Senator Heider** moved to send the gubernatorial reappointment of Ms. Walker to the floor with the recommendation that she be confirmed by the Senate. **Senator Stennett** seconded the motion. The motion carried by **voice vote**. **Senator Zito** requested that she be recorded as voting nay.

**GUBERNATORIAL REAPPOINTMENT:** **Chairman Martin** called for the vote on the gubernatorial reappointment of Dr. Timothy Rarick to the Board of Health and Welfare.

**MOTION:** **Senator Heider** moved to send the gubernatorial reappointment of Dr. Rarick to the floor with recommendation that he be confirmed by the Senate. **Senator Zito** seconded the motion.

**DISCUSSION:** **Senator Martin** commented he spoke by phone with Dr. Rarick the previous evening for about an hour, and he is impressed with Dr. Rarick's background and qualifications.

**VOICE VOTE:** The motion to send the gubernatorial reappointment of Dr. Rarick to the floor with recommendation that he be confirmed by the Senate passed by **voice vote**.

**S 1015** **Relating to Domestic Water.** **Jerri Henry**, Division Administrator, Idaho Department of Environmental Quality (DEQ), introduced herself to the Committee. **Ms. Henry** advised the bill would repeal Idaho Code § 37-2102, Domestic Water to Be Protected, consistent with the Governor's Executive Order 2020-01. She provided a history of Title 37, Chapter 21 of Idaho Code and stated the most recent revision was in 1998. **Ms. Henry** reported that DEQ consulted with the Department of Health and Welfare and seven public health districts and determined Idaho Code § 37-2102 is not used in either rule or guidance. She added the statute predates the 1974 Safe Drinking Water Act (SDWA) and subsequent regulations, and some language used in the statute conflicts with federal public notification requirements. **Ms. Henry** mentioned Idaho Code §§ 37-2101 and 37-2103 would remain unchanged.

**DISCUSSION:**

**Senator Wintrow** asked for assurance that the statute is outdated, other legislation enacted later supersedes it, and the repeal would not have a negative impact on the quality of Idaho's drinking water. **Ms. Henry** responded in the affirmative and noted the State has adopted the federal SDWA. **Senator Wintrow** asked if the other relevant regulations are more stringent. **Ms. Henry** explained there is a 72-hour public notification requirement in the Idaho Code and the SDWA requires a 24-hour notice. She confirmed the regulations have become more stringent.

**TESTIMONY:**

**Rosa Martinez**, representing herself, testified in opposition to the bill. **Ms. Martinez** wondered if the proposed repeal also keeps canals, lakes, and ponds clean. **Chairman Martin** requested that Ms. Henry respond to the question. **Ms. Henry** answered the section of Idaho Code to be repealed pertains only to drinking water.

**Monica McKinley**, representing herself, testified in opposition to the bill. **Ms. McKinley** stated her belief the language to be repealed also applies to surface water. She read a portion of Idaho Code and averred the public notification requirement must remain at 72 hours. **Ms. McKinley** mentioned there are contaminant levels and references to other sections of Idaho Code in the statute that are not addressed elsewhere. She opined the statute is not outdated and is still applicable because some language does not appear in the newer laws.

**Ms. Henry** responded to Ms. McKinley's testimony and stated the legislative history shows the intent of Idaho Code § 37-2102 was to protect drinking water only. She affirmed the statute was drafted to mirror the drinking water standards in effect at the time of enactment, prior to the establishment of the Environmental Protection Agency. **Ms. Henry** repeated the statute is not used by any agency. She added the Clean Water Act protects surface water, and the SDWA protects potable water.

**Chairman Martin** remarked a member of the public signed up to testify remotely but did not appear at the hearing. He stated he would contact the person after the meeting to identify concerns.

**MOTION:**

**Senator Harris** moved to send **S 1015** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**PRESENTATION:**

**Health Districts. Michael Kane**, on behalf of the Idaho Association of District Boards of Health, introduced himself to the Committee. **Mr. Kane** advised other interested parties were present in the room and available to answer questions.

**Mr. Kane** explained the history of health districts and described the organization of the State into health districts (see Attachment 1). He reviewed the powers and duties of public health districts to administer state health laws and regulations to preserve and protect public health. **Mr. Kane** described the tools available to health districts and the penalty provisions of the law. He remarked the COVID-19 pandemic has illustrated the need to review the health district laws for possible changes, and stakeholders are working on legislation to address concerns.

**Senator Stennett** asked whether COVID-19 is considered a norovirus. **Mr. Kane** responded COVID-19 does not fit into the specific definition of a norovirus.

**Chairman Martin** commented he is most familiar with Central District Health, and he commended its board members for their work in challenging times. He stated he is optimistic about the possibility of draft legislation to update laws pertaining to public health districts..

**Senator Wintrow** observed her neighborhood is a close urban area and its residents likely have different opinions than those in a rural county. She asked how decisions are made in the best interest of disparate counties.

**Bryon Reed**, Chairman, Eastern Idaho Public Health (EIPH) Board of Health, introduced himself to the Committee to respond to the question. **Mr. Reed** answered his District 7 is a good example of that situation because it is comprised of the Idaho Falls urban area together with other remote rural counties. He stated the counties have different COVID-19 responses based on the level of virus spread, and his board always defers to local elected officials within that city or county when making decisions on mitigation strategies.

**Senator Stennett** commented there is confusion about overlapping responsibility among the Governor and the health districts. She mentioned the health districts have autonomy to make decisions on a local level but the Governor made a statewide declaration. **Senator Stennett** asked for an explanation of each entity's jurisdiction. **Mr. Reed** responded the Governor's orders apply to everyone in the State. He explained the health districts did not begin issuing orders until the Governor lifted his stay-at-home order and the virus began to increase in certain areas. **Mr. Reed** added the health districts have authority to develop their own plans and can make more stringent orders than the Governor's order. Cities also have power allowing them to take actions to protect public health, he said. **Senator Stennett** noted some confusion relates to the Governor's phased plan and asked the source of his advice on whether to move forward or pull back. **Mr. Reed** replied the Governor took advice from various entities but he set the phases. He added at least one health district has its own different plan and phases, but they only apply within that district.

**Senator Stennett** stated there is also confusion and misinformation about where and how to obtain the COVID-19 vaccine. She mentioned receiving feedback from constituents who have gone to public health district offices and were told the vaccine was not available. **Senator Stennett** asked if all health districts are set up to administer vaccines and if vaccines are limited due to inventory or some other reason. She requested clarification of health district involvement in administering the vaccine. **Mr. Kane** responded that the schedule of vaccine administration is set by the Governor and his advisory board, and health districts are assisting with vaccinations. **Geri Rackow**, Director, EIPH, introduced herself to the Committee. She explained all health districts receive an allocation of vaccines from the State, but administering the vaccine depends on the services and resources available to each health district. **Ms. Rackow** said EIPH is taking a direct role and has contacted its enrolled providers to assist them with vaccine administration. She added hospitals, pharmacies, and enrolled medical providers will join with EIPH to administer the vaccine throughout District 7 as the vaccine becomes available to the next priority group of age 65 and over. **Ms. Rackow** noted all seven health districts have been working with the Department of Health and Welfare (DHW) to communicate vaccine information. She commented DHW will be launching a website very soon to direct people to vaccination locations.

**Senator Agenbroad** thanked Mr. Kane and the health districts for their fine work and mentioned he is happy they are reviewing deficiencies in Idaho Code. He stated Mr. Kane's presentation affirmed his understanding of health district authority. **Senator Agenbroad** observed very little enforcement has taken place and he assumed the health districts are trying to educate the public and ask them to do the right thing based on the best available science. He inquired about when mandates will be relaxed now that vaccines are rolling out and positivity rates are declining. **Mr. Kane** replied that mandates are already being relaxed in some health districts to match the Governor's recommendations. He added that not all health districts have mandates, and health districts try to identify ways to accommodate community needs. **Mr. Kane** added that health district boards meet every week to determine whether mandates can be relaxed.

**Senator Heider** commented all the health districts are independent of each other. He asked how a community can know the rules for a particular health district's issues. **Mr. Kane** replied for non-pandemic issues, health districts work one on one with the public about alleged violations. He added the primary job of the health district is to educate. Each district has its own website filled with information on any subject and is easy to find. Many situations relate to permitting, and a constituent can talk to an inspector to learn the rules.

**Senator Wintrow** asked for information on progress of the vaccine rollout. **Elke Shaw-Tulloch**, Administrator, Division of Public Health, DHW, introduced herself to the Committee. **Ms. Shaw-Tulloch** reported DHW has held weekly press briefings regarding vaccine rollout. She added the Governor's COVID-19 Vaccine Advisory Committee is making recommendations on priority groups due to limited vaccine supply. **Ms. Shaw-Tulloch** described the process for receiving vaccines. She reported the State receives approximately 21,000 doses per week. **Ms. Shaw-Tulloch** noted the federal government tells DHW how many doses of vaccine will be shipped, DHW provides that information to the health districts, and the health districts work with local enrolled providers to determine where vaccines will be shipped. She added DHW provides shipping information to the federal government, and vaccine is shipped directly from the manufacturer to the approximately 350 Idaho enrolled providers. **Ms. Shaw-Tulloch** explained the amount of vaccine allocated to each provider is based on the population of the priority group in the health district. **Senator Wintrow** mentioned she has heard rumors that the State is receiving vaccines but they are not being administered.

**Chairman Martin** asked if enough vaccinations will be available to cover the age 65 and over priority group. **Ms. Shaw-Tulloch** responded that DHW has been told to expect around 21,000 doses per week for the foreseeable future. She mentioned supply could increase because new vaccines are coming to market, and the Biden administration has discussed using the Defense Production Act to increase vaccine manufacturing. **Ms. Shaw-Tulloch** asked for patience because it is a large population group and it could take weeks to receive sufficient vaccine.

**Mr. Kane** concluded by offering to serve as a resource to the Committee for health district information.

**Bill Leake**, Board of Health Member, EIPH, introduced himself to the Committee. He mentioned he is over 65, and he learned it will take 10 to 14 weeks for his age group to receive the vaccine.

**Tom Dale**, former Board Member, Southwest District Health, introduced himself to the Committee to respond to Senator Heider's question. **Mr. Dale** advised that health districts are obligated to enforce standards and rules set by the State, and individual health districts do not set standards.

**Senator Zito** inquired about the State's Emergency Management Operations Plan which defines a moderate pandemic as 25 percent attack rate and 1.5 percent fatality rate. She calculated with current COVID-19 cases, Idaho would have 6,490 deaths and approximately 432,000 illnesses. **Senator Zito** stated the COVID-19 pandemic did not reach those numbers and asked the reason Idaho went into pandemic mode. **Mr. Kane** replied the State followed recommendations from the Centers for Disease Control and Prevention regarding the pandemic.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:15 p.m.

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Senator Martin  
Chair

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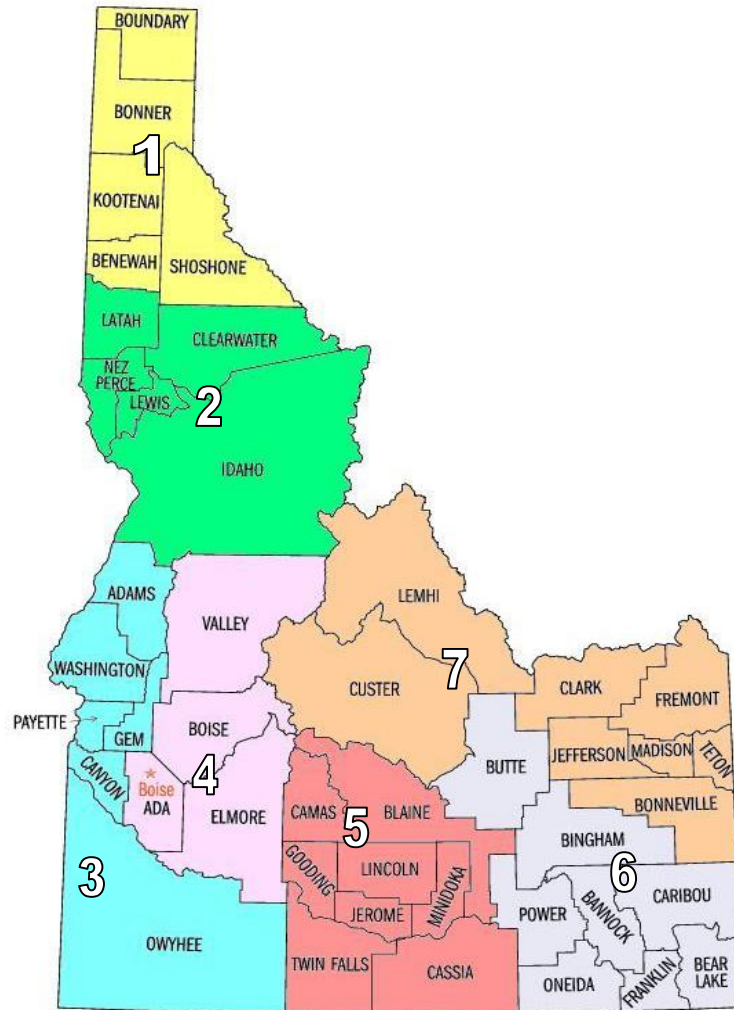
Jeanne Jackson-Heim  
Secretary

# Local Public Health Legislative Update

*Michael Kane*



# Health District Structure



DISTRICT 1	DISTRICT 2	DISTRICT 3	DISTRICT 4	DISTRICT 5	DISTRICT 6	DISTRICT 7
Benewah Bonner Boundary Kootenai Shoshone	Clearwater Idaho Latah Lewis Nez Perce	Adams Canyon Gem Payette Washington	Ada Boise Elmore Valley	Blaine Camas Cassia Gooding Jerome Lincoln Minidoka Twin Falls	Bannock Bear Lake Bingham Butte Caribou Franklin Oneida Power	Bonneville Clark Custer Fremont Jefferson Lemhi Madison Teton

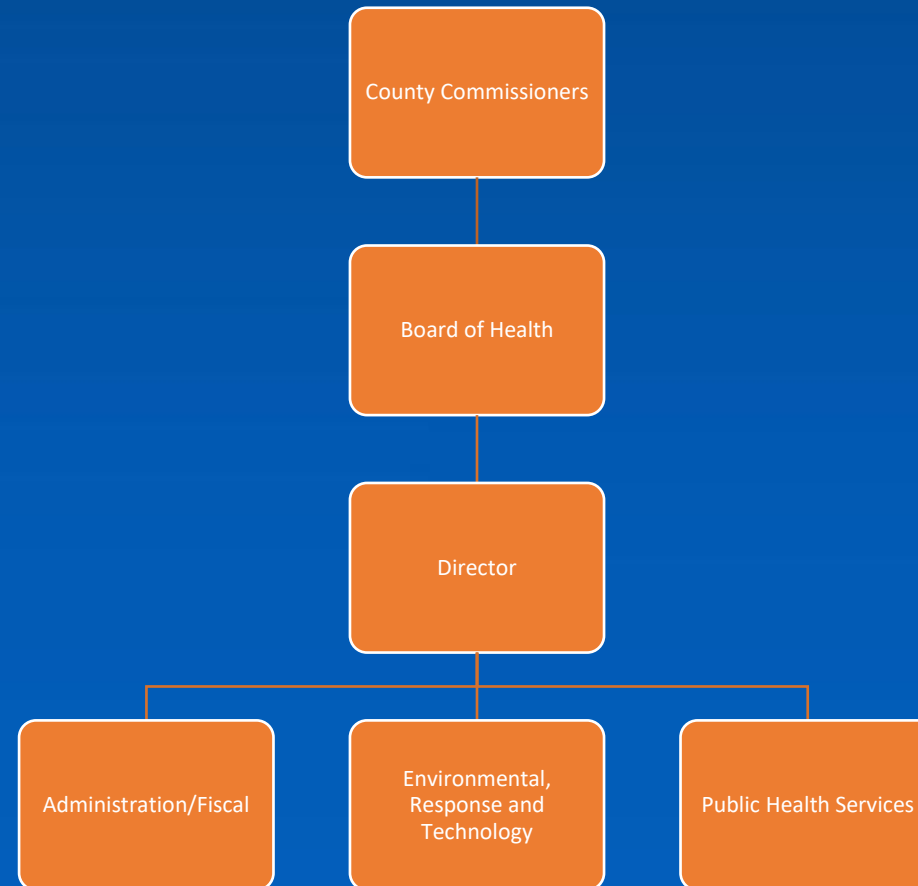
# Idaho Public Health Districts Chronology

- 1907
- 1947
- 1970-2021

# Legislative Intent

- It is legislative intent that health districts operate and be recognized not as state agencies or departments, but as governmental entities whose creation has been authorized by the state, much in the manner as other single purpose districts. *Idaho Code § 39-401*

# Organizational Structure



# Who are Health Board Members

- County Commissioners
- People appointed by County Commissioners
- Approved by the majority of Boards of County Commissions
- At least one physician licensed by the Board of Medicine appointed by County Commissioners.

# Programs and Services

Epidemiology	Septic permits and evaluation
Immunizations	Public pool inspections
Women, Infants and Children	Solid waste
Suicide prevention	Land development
Regional Behavioral Health Boards	Childcare inspections
Prescription Opioid Solutions	Food safety
Oral Health	Citizen review panels
Nurse Home Visiting	Preparedness
Fit and Fall	Medical reserve corps
Tobacco cessation	Crisis Centers

# State Law

39-414. POWERS AND DUTIES OF DISTRICT BOARD. The district board of health shall have and may exercise the following powers and duties:

- (1) To administer and enforce all state and district health laws, regulations, and standards.
- (2) To do all things required for the preservation and protection of the public health and preventive health, and such other things delegated by the director of the state department of health and welfare or the director of the department of environmental quality and this shall be authority for the director(s) to so delegate.

# Reportable Diseases

- AIDS
- HIV
- STDs
- Anthrax
- Botulism
- Brucellosis
- Campylobacteriosis
- Cholera
- Diphtheria
- Echinococcosis
- Encephalitis
- Escherichia coli
- Food Poisoning
- Waterborne Illness
- Hantavirus
- Hepatitis
- Leprosy
- Lyme Disease
- Malaria
- Meningitis
- Norovirus
- Plague
- Rabies
- SARS
- Tuberculosis



# Where is COVID-19?

Extraordinary occurrence of illness, including clusters.

Unusual outbreaks include illnesses that may be a significant risk to the public, may involve a large number of persons, or are a newly described entity.

Even in the absence of a defined etiologic agent or toxic substance, clusters of unexplained acute illness and early-stage disease symptoms.

# Tools Available

## **Isolation.**

The separation of a person known or suspected to be infected with an infectious agent, or contaminated from chemical or biological agents, from other persons to such places, under such conditions, and for such time as will prevent transmission of the infectious agent or further contamination

# Quarantine

The restriction placed on the entrance to and exit from the place or premises where an infectious agent or hazardous material exists.

# Restriction

To limit the activities of a person to reduce the risk of transmitting a communicable disease. Activities of individuals are restricted or limited to reduce the risk of disease transmission until such time that they are no longer considered a health risk to others.

# Restrictable Disease

A restrictable disease is a communicable disease, which if left unrestricted, may have serious consequences to the public's health. The determination of whether a disease is restrictable is based upon the specific environmental setting and the likelihood of transmission to susceptible persons.

# Penalty

(2) Any person, association, or corporation, or the officers thereof, violating any of the provisions of this chapter shall be deemed guilty of a **misdemeanor**, and upon conviction thereof shall be punished by a fine not exceeding three hundred dollars (\$300), or by imprisonment in the county jail for a term not exceeding six (6) months, or by both such fine and imprisonment. In addition to fine and imprisonment, any person, association or corporation, or the officers thereof, found to be in violation of this act or the rules promulgated thereunder shall be liable for any expense incurred by the district board of health in enforcing this act, or in **removing or terminating any nuisance, source of filth, cause of sickness, or health hazard**. Conviction under the penalty provisions of this act or any other health law or rules promulgated thereunder shall not relieve any person from any civil action in damages that may exist for any injury resulting from any violation of the public health laws or rules promulgated by the district board of health.

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Wednesday, January 27, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
<a href="#">RS28237</a>	Stating Findings of the Legislature and Encouraging the Activation of Closed Captioning on Television Monitors in Public Venues	Senator Agenbroad
<a href="#">S 1017</a>	Relating to Uniform Controlled Substances	Tim Frost, Legislative and Regulatory Affairs Manager, Division of Occupational and Professional Licenses
GUBERNATORIAL APPOINTMENT:	Wendy Jaquet to the State Board of Health and Welfare	Wendy Jaquet

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin	Sen Agenbroad
Vice Chairman Riggs	Sen Zito
Sen Heider	Sen Stennett
Sen Lee	Sen Wintrow
Sen Harris	

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 27, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senators Lee and Harris

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health & Welfare Committee (Committee) to order at 3:00 p.m.

**RS 28237** **Stating Findings of the Legislature and Encouraging the Activation of Closed Captioning on Television Monitors in Public Venues.** **Senator Agenbroad** introduced himself to the Committee. He stated the proposed concurrent resolution would encourage the use of closed captioning in public areas to improve communication for the hearing impaired and English language learners. **Senator Agenbroad** reported all television sets made in the last 30 years have closed captioning capability, and all broadcasters in the last 10 years have been required to produce content with closed captions.

**MOTION:** **Senator Wintrow** moved to send **RS 28237** to print. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**S 1017** **Relating to Uniform Controlled Substances.** **Tim Frost**, Legislative and Regulatory Affairs Manager, Idaho Division of Occupational and Professional Licenses (DOPL), introduced himself to the Committee. **Mr. Frost** described the functions of the State Board of Pharmacy (BOP). He reported **S 1017** updates the Idaho Controlled Substance Act with the most recent changes to federal Drug Enforcement Administration (DEA) controlled substance scheduling. **Mr. Frost** explained the first change removes Epidiolex from Schedule V to non-controlled substance status and amends the definition of marijuana to exclude the chemical structure of Epidiolex. He commented Idaho currently has 135 patients using Epidiolex for the treatment of seizures. **Mr. Frost** reported the bill also: 1.) Adds six synthetic cannabinoids to Schedule I status; 2.) Schedules Norfentanyl, a precursor to Fentanyl, as a Schedule II drug; 3.) Corrects a spelling error in the drug Carisoprodol; and 4.) Adds a new drug, Lasmiditan, to Schedule V. He added the bill mirrors DEA changes, and there is no impact to the General Fund or the BOP dedicated fund.

**Chairman Martin** recognized Senator Heider's work in the past to help make Epidiolex available to Idahoans.

**MOTION:** **Senator Wintrow** moved to send **S 1017** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion carried by **voice vote**.



**GUBERNATORIAL  
REAPPOINTMENT:**

**Committee Consideration of the Reappointment of Wendy Jaquet to the Board of Health and Welfare**, of Ketchum, Idaho, for a term commencing January 1, 2021, and expiring January 1, 2025. **Ms. Jaquet** introduced herself to the Committee and gave a brief overview of her background and service on the Board of Health and Welfare (Board). She listed notable events and projects she worked on while serving in the Idaho House of Representatives and on the Board. **Ms. Jaquet** commented she enjoys working with Idaho Department of Health and Welfare (DHW) Director Dave Jeppesen and is impressed with the improvement in internal and external communication and transparency at the DHW.

**Senator Agenbroad** observed he worked with Ms. Jaquet on a recent census committee and thanked her for her leadership. He asked if Ms. Jaquet's history of three speeding tickets would negatively impact her ability to serve on the Board. **Ms. Jaquet** responded the tickets are in the past as she was ticketed when the highway speed limit was 55 miles per hour.

**Chairman Martin** mentioned he appreciates Ms. Jaquet's willingness to serve on the Board. **Senator Stennett** commented Ms. Jaquet is her long-time friend and mentor, and she is delighted to have Ms. Jaquet before the Committee. **Senator Stennett** said she looks forward to carrying Ms. Jaquet's reappointment on the floor. **Chairman Martin** advised the Committee will vote on the reappointment at its next meeting.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:21 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Monday, February 01, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
GUBERNATORIAL REAPPOINTMENT:	Vote on Gubernatorial Reappointment of Wendy Jaquet to the State Board of Health and Welfare	
<a href="#">S 1016</a>	Relating to the Respiratory Care Practice Act	Anne Lawler, Executive Director, Idaho State Board of Medicine
<a href="#">S 1038</a>	Relating to Public Assistance	Matt Wimmer, Administrator, Division of Medicaid, Idaho Department of Health and Welfare

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 01, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/EXCUSED:** Senator Lee

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:02 p.m.

**GUBERNATORIAL REAPPOINTMENT VOTE:** **Chairman Martin** called for the vote on the gubernatorial reappointment of Wendy Jaquet to the Board of Health and Welfare.

**MOTION:** **Senator Stennett** moved to send the gubernatorial reappointment of Wendy Jaquet to the floor with the recommendation that she be confirmed by the Senate. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**S 1016** **Relating to the Respiratory Care Practice Act.** **Anne Lawler**, Executive Director, Idaho State Board of Medicine (BOM), introduced herself to the Committee. **Ms. Lawler** described the function of the BOM. She stated **S 1016** rewrites the Respiratory Therapy Care Act (Act), which was enacted in 1991 and last updated in 2003. **Ms. Lawler** explained the bill aligns the Act with current respiratory practice, deletes outdated language, and clarifies the licensure and regulation of Idaho respiratory therapists and polysomnographers. She commented the bill is the result of a two-year collaborative effort by BOM Board Members, BOM staff, and the Idaho Society for Respiratory Care (Society). **Ms. Lawler** said the BOM circulated the draft legislation among relevant stakeholders and received no comments or concerns.

**Ms. Lawler** advised the bill was written to repeal and replace the Act rather than amend it due to the extensive revisions. She listed the specific changes: 1.) Removed obsolete and unnecessary provisions and definitions from several sections of the Act; 2.) Aligned BOM membership and terms with other allied health boards' practice acts; 3.) Updated qualifications for licensure and permitting and removed some permit types; 4.) Added a two-year renewal option; and 5.) Moved specific licensure requirements to a form. **Ms. Lawler** reported that the bill does not add any regulation or create new licensure. She stated it creates no fiscal impact to the General Fund or the BOM's dedicated fund.

**Ms. Lawler** commented that respiratory therapists work with patients on a medical level and have special skills to improve health outcomes. She compared the Act to the Hubble Space Telescope, which was state-of-the-art technology when it was launched in 1990 but has now been surpassed by newer technologies. She urged the Committee to send **S 1016** to the floor with a **do pass** recommendation.

**DISCUSSION:**

**Senator Wintrow** asked for assurance that all relevant stakeholders are in agreement with the bill due to the extensive rewrite of the Act. **Ms. Lawler** answered the BOM worked very closely with the Society, and a number of BOM Board Members belong to it. She added the BOM provided the bill to the Idaho Medical Association, Idaho Hospital Association, and relevant facilities with respiratory therapists and polysomnographers on staff, and all were in favor of reworking the Act because it is lengthy and difficult to read.

**Senator Zito** inquired about the reason for removing the definition of the word "person" from the Act. **Ms. Lawler** explained the word is adequately defined elsewhere in Idaho Code or other State governing documents.

**Senator Stennett** asked about the reference to Idaho Code § 54-4318 and commented her copy of the bill only extends to Idaho Code § 54-4315. She inquired about the process for determining a misdemeanor penalty and the reason for a severability clause. **Ms. Lawler** responded Sections 54-4316 through 54-4318 were completely deleted, and any necessary language in the deleted sections was incorporated elsewhere in the bill. She added that language regarding use or display of professional credentials was deleted because unlicensed practice is already covered in the misrepresentation section of the bill. **Ms. Lawler** explained if the BOM receives information that someone is practicing respiratory care without a license, the BOM first conducts an investigation and attempts to educate the person about the need for licensure. She added if the person refuses to cease the unlicensed practice, then the BOM refers the matter to a local county attorney's office to prosecute the case as a misdemeanor. **Ms. Lawler** said she does not know the reason for the severability clause, but she believes it is simply to ensure that finding any part of the Act unenforceable would not render the rest of the Act unenforceable.

**Senator Wintrow** asked for the positive outcomes of passing the bill and the potential negative outcomes if the bill is not passed. **Ms. Lawler** responded the positive outcomes include a more readable practice act that is easier for licensees and the public to understand. She added the licensure and education process was streamlined and brought current. **Ms. Lawler** reported that respiratory therapy started out as a profession for which there was no formal training, but now there is a specific course of study for the profession. She explained the bill allows current licensees who did not complete the education program to remain licensed, while specifying that new licensees must meet the educational requirements. **Ms. Lawler** added the licensure process has not changed but the bill makes it more concise.

**Chairman Martin** asked for clarification that an existing licensee can continue with the license even with the proposed changes to the Act. **Ms. Lawler** answered a person who obtained accreditation by on-the-job training can maintain that accreditation as long as they practice to the current standard of care and complete continuing education requirements. She stated the Act as written could be confusing to a new licensee.

**MOTION:**

**Senator Wintrow** moved to send **S 1016** to the floor with a **do pass** recommendation. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**S 1038**

**Relating to Public Assistance.** **Matt Wimmer**, Administrator, Division of Medicaid, Idaho Department of Health and Welfare (DHW), introduced himself to the Committee. Mr. Wimmer reported the bill deletes Idaho Code §§ 56-209m, 56-236, 56-241, and 56-242 because they refer to programs that have been replaced or are obsolete. **Mr. Wimmer** advised the deleted programs include a pilot weight-management program that was incorporated as part of a wellness program in another section of Idaho Code, and several programs that were rendered obsolete by the establishment of the Idaho Health Insurance Exchange in 2013.

**DISCUSSION:**

**Senator Wintrow** asked for confirmation that DHW is reducing red tape. **Mr. Wimmer** replied in the affirmative.

**MOTION:**

**Senator Wintrow** moved to send **S 1038** to the floor with a **do pass** recommendation. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:28 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Thursday, February 04, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
MINUTES	Minutes of the January 19, 2021 Meeting	Senator Stennett
APPROVAL	Minutes of the January 20, 2021 Meeting	Senator Wintrow
	Minutes of the January 21, 2021 Meeting	Senator Agenbroad
	Minutes of the January 25, 2021 Meeting	Senator Heider
	Minutes of the January 26, 2021 Meeting	Senator Harris
<a href="#">SCR 102</a>	Relating to Closed Captioning on Television Monitors in Public Venues	Senator Agenbroad
<a href="#">RS28395</a>	Relating to Public Health Districts	Senator Vick
GUBERNATORIAL REAPPOINTMENT	Committee Consideration of the Gubernatorial Reappointment of Elizabeth Elroy to the Board of Environmental Quality	Elizabeth Elroy
PRESENTATION	WWAMI /ECHO Idaho	Jeff Seegmiller, Regional Dean, Idaho WWAMI Program

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin	Sen Agenbroad
Vice Chairman Riggs	Sen Zito
Sen Heider	Sen Stennett
Sen Lee	Sen Wintrow
Sen Harris	

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 04, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Chairman Martin

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Vice Chairman Riggs** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

**MINUTES APPROVAL:** **Senator Stennett** moved to approve the Minutes of January 19, 2021. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

**Senator Wintrow** moved to approve the Minutes of January 20, 2021. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**Senator Agenbroad** moved to approve the Minutes of January 21, 2021. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**Senator Heider** moved to approve the Minutes of January 25, 2021. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**Vice Chairman Riggs** announced the Committee would take up the Minutes of January 26, 2021 later in the meeting.

**SCR 102**

**Relating to Activation of Closed Captioning on Television Monitors in Public Venues.** **Senator Agenbroad** stated he supports the resolution, and he introduced Valerie Player and Steven Snow to provide additional information.

**Valerie Player** introduced herself to the Committee on behalf of Idaho Hands and Voices, a parent-driven organization supporting families with deaf and hard of hearing children. **Ms. Player** demonstrated an example of closed captions. She reported closed captioning is free to use and makes news, education, and entertainment accessible to the deaf and hard of hearing. **Ms. Player** commented closed captioning has been available on every television set manufactured since 1990 and can be activated by pressing a single button.

**Senator Stennett** asked how frequently closed captioning is used for the public who needs it. **Ms. Player** responded staff at most venues will turn it on if asked and if the requester shows how to do it, but most are unaware of how simple it is.

**Steven Snow**, Executive Director of the Idaho Council for the Deaf and Hard of Hearing (Council), introduced himself to the Committee. **Mr. Snow** explained the function of the Council and stated the Council fully supports the resolution. He reported the Council received several phone calls from constituents regarding restaurants and other public venues with staff who are unaware of closed captioning or who refuse to turn it on even after having it explained to them. **Mr. Snow** said, as a deaf person, he has personally had this experience. He added that passing the resolution would encourage staff at public venues to turn on closed captioning and leave it on so the deaf would not have to ask for that accommodation in the future. **Mr. Snow** described the steps to turn on closed captioning. He mentioned a 2006 research study finding that approximately 80 percent of people who used closed captioning are hearing, showing the general public benefits from closed captioning. **Mr. Snow** asked the Committee to support the resolution.

**Vice Chairman Riggs** commented he used closed captioning in his home because it helped his sons learn to read.

**MOTION:**

**Senator Harris** moved to send **SCR 102** to the floor with a **do pass** recommendation. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**MINUTES  
APPROVAL:**

**Senator Harris** moved to approve the Minutes of January 26, 2021. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**RS 28395**

**Relating to Public Health Districts.** **Senator Vick** introduced himself to the Committee. He explained the RS would require any county- or district-wide order issued by a public health district to be approved by the district's county commissions. **Senator Vick** advised the RS limits the length of an order to 30 days with the opportunity for a 30-day extension upon approval of the county commissions. He added the penalty for a violation would change from a misdemeanor to an infraction with a fine of \$50.

**DISCUSSION:**

**Senator Wintrow** asked the pros and cons of the RS, how it would affect the ability of health districts to make decisions, any cost benefits, and how to account for recommendations of medical professionals based on scientific data. **Senator Vick** answered he has worked closely with the health districts to develop the RS. He stated if health experts sit on health district boards, then the boards make better health decisions. **Senator Vick** averred an elected official who is accountable to the voters should be the decision maker on health orders. He added the health district board can discuss an order and determine whether to take it to the county commission. **Senator Vick** commented the RS would exempt orders for issues such as restaurant violations or disease quarantine. He added that the genesis of the RS was the mask mandate orders issued by public health districts. **Senator Vick** opined that protestors should voice their concerns to elected officials and not health district boards.

**Senator Stennett** requested clarification that the RS would not reorganize the current health district structure or the process for selecting board members. **Senator Vick** replied the RS does not change the composition of a health district board.

**MOTION:**

**Senator Lee** moved to send **RS 28395** to print. **Senator Harris** seconded the motion. The motion carried by **voice vote**.



**GUBERNATORIAL  
REAPPOINTMENT:**

**Committee Consideration of the Gubernatorial Reappointment of Elizabeth Elroy to the Board of Environmental Quality (Board).** **Ms. Elroy** introduced herself to the Committee and provided a brief overview of her background. She mentioned her 10 years of experience on the Board and said she enjoys using her experience in environmental engineering and science to give back to the State.

**Senator Lee** thanked Ms. Elroy for her service. She asked Ms. Elroy to comment on challenges and opportunities at the Idaho Department of Environmental Quality (DEQ) and inquired how the Committee can be helpful.

**Ms. Elroy** observed DEQ's outstanding leadership over the past 10 years and enjoyment working with Director John Tippetts and Director Jess Byrne. She stated it is critical for DEQ to attract and retain top talent, and succession planning is needed to develop talent and promote employees from within the organization. **Ms. Elroy** identified Director Byrne's promotion as a good example of succession planning that allowed him to step seamlessly into the director role upon Director Tippetts' retirement. She added that DEQ does a good job protecting the environment but also must focus on sustainability initiatives. **Ms. Elroy** commented that it will be an interesting balance for DEQ to meld sustainability with environmental regulations, innovation, and business opportunities.

**Vice Chairman Riggs** announced the Committee would vote on Ms. Elroy's reappointment at its next meeting.

**PRESENTATION:**

**WWAMI/Extension for Community Healthcare Outcomes (ECHO) Idaho.** **Dr. Jeff Seegmiller**, Regional Dean, Idaho WWAMI Program, introduced himself to the Committee. **Dr. Seegmiller** stated he is based at the University of Idaho. He advised Dr. Mary Barinaga, Regional Dean for WWAMI at the University of Washington School of Medicine, was also present. **Dr. Seegmiller** commented WWAMI came into existence 49 years ago and is Idaho's publicly supported medical school.

**Dr. Barinaga** introduced herself to the Committee and gave an overview of her background. She described the WWAMI program as a partnership of the States of Washington, Wyoming, Alaska, Montana, and Idaho (see Attachment 1). **Dr. Barinaga** provided statistics regarding WWAMI's effectiveness and commented on its benefits to the State of Idaho as well as challenges facing the State.

**Dr. Seegmiller** explained the ECHO program and its role in connecting health care professionals to learn and solve problems. He commented it was especially helpful in sharing information on COVID-19, and ECHO is also helping practitioners improve the quality of health care in rural Idaho for issues related to behavioral health and opioid abuse. **Dr. Seegmiller** expressed his gratitude for the State's financial support of these programs.

**DISCUSSION:**

**Senator Stennett** noted that the number of health issues observed in 2020 was much higher than in previous years. She asked if some of ECHO's success can be attributed to the expansion of telehealth services. **Dr. Seegmiller** responded that ECHO provides resources to health care practitioners and assists them in working with each other. He added it is not a program of telemedicine between clinician to patient. **Dr. Seegmiller** observed that a clinician struggling with a difficult health issue in a rural area can use technology to bring the case to a panel of other practitioners for their feedback.

**Senator Lee** stated she is excited to hear the State's financial support of the ECHO program was helpful in responding to the pandemic. She commented she hears positive feedback from practitioners in her rural district about the support they receive for substance abuse and mental health issues. **Senator Lee** noted the Committee is a policy committee, and she wondered what the Committee could do to assist the ECHO program. **Dr. Seegmiller** thanked the Committee for its support of the ECHO program and mentioned that raising awareness of ECHO is the most important way to help the program reach its maximum potential Statewide.

**Senator Wintrow** described an incident regarding a constituent with a child suffering from a rare disease. She said because of the lack of pediatric neurologists in Idaho, the constituent took her child to Seattle, but the child's health was damaged due to the length of time involved to receive treatment. **Senator Wintrow** subsequently heard of a learning community in rural New Mexico that was established to assist practitioners with unique patient cases, and she sponsored a resolution in 2017 to raise awareness of rare diseases and programs like ECHO. **Senator Wintrow** added she received an invitation to observe a virtual panel where practitioners discussed opioid abuse cases. She stated her belief that programs like ECHO offer a very good return on investment.

**Senator Harris** commented there are four critical care hospitals in his district and Dr. Lance Hansen, a WWAMI graduate, practices at Bear Lake Memorial Hospital in Montpelier. He stated the community benefits greatly from Dr. Hansen's involvement with the hospital.

**Vice Chairman Riggs** inquired if the University of Washington School of Medicine is sufficient for WWAMI to keep up with population growth in Idaho and the loss of practitioners reaching retirement. He inquired as to any discussion regarding a new medical school in Idaho. **Dr. Seegmiller** responded that it is a complex program and a shortage of practitioners will exist for some time. He observed there are challenges with having enough seats and State support to sustain existing programs, along with the need to encourage students to apply for medical school. **Dr. Seegmiller** added that lack of opportunities for residencies in Idaho is a critical issue, and there is presently insufficient staff at some facilities. **Dr. Barinaga** explained a residency is the most important way to attract and retain a doctor in Idaho. She reported the shortage is not caused by too few medical students, rather there are no opportunities for surgical or obstetrical residencies in Idaho. **Dr. Barinaga** mentioned that many students from the for-profit medical school in Meridian cannot find residency spots in Idaho, and those students are forced to leave for other states. She reported the greatest need is for family practitioners with rural backgrounds who want to practice in rural areas, along with general surgeons and behavioral health practitioners. There are also areas of the State with no obstetrical physicians.

**Vice Chairman Riggs** commented he appreciated the presentation, and he stated it was fortuitous that ECHO was in place during 2020 to provide support for rural practitioners.

**ADJOURNED:**

There being no further business at this time, **Vice Chairman Riggs** adjourned the meeting at 3:55 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary





**University of Idaho**  
WWAMI Medical Education



**IDAHO WWAMI  
FUTURE PHYSICIANS!**

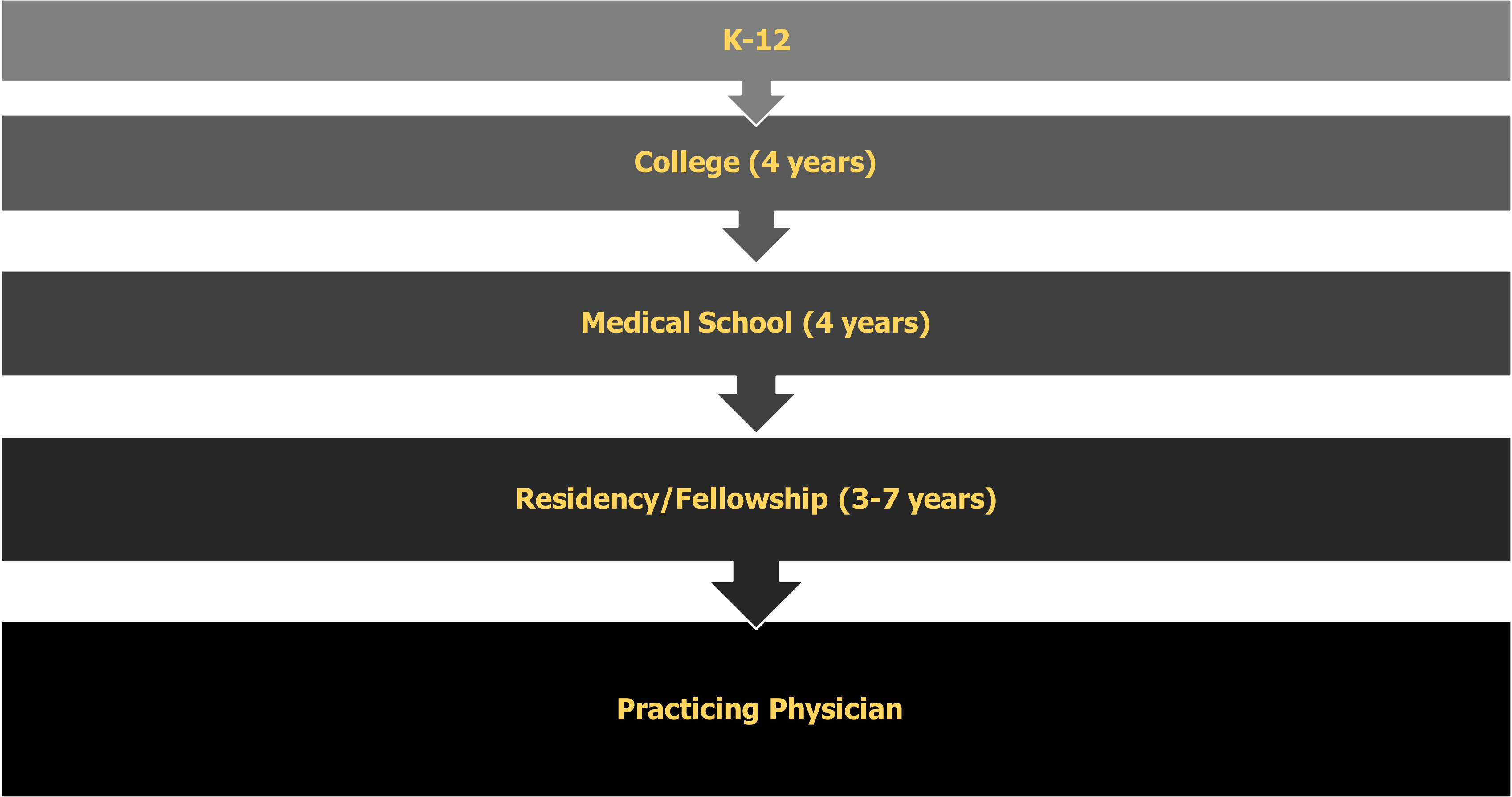




UW SCHOOL OF MEDICINE  
at University of Idaho



# PHYSICIAN PIPELINE

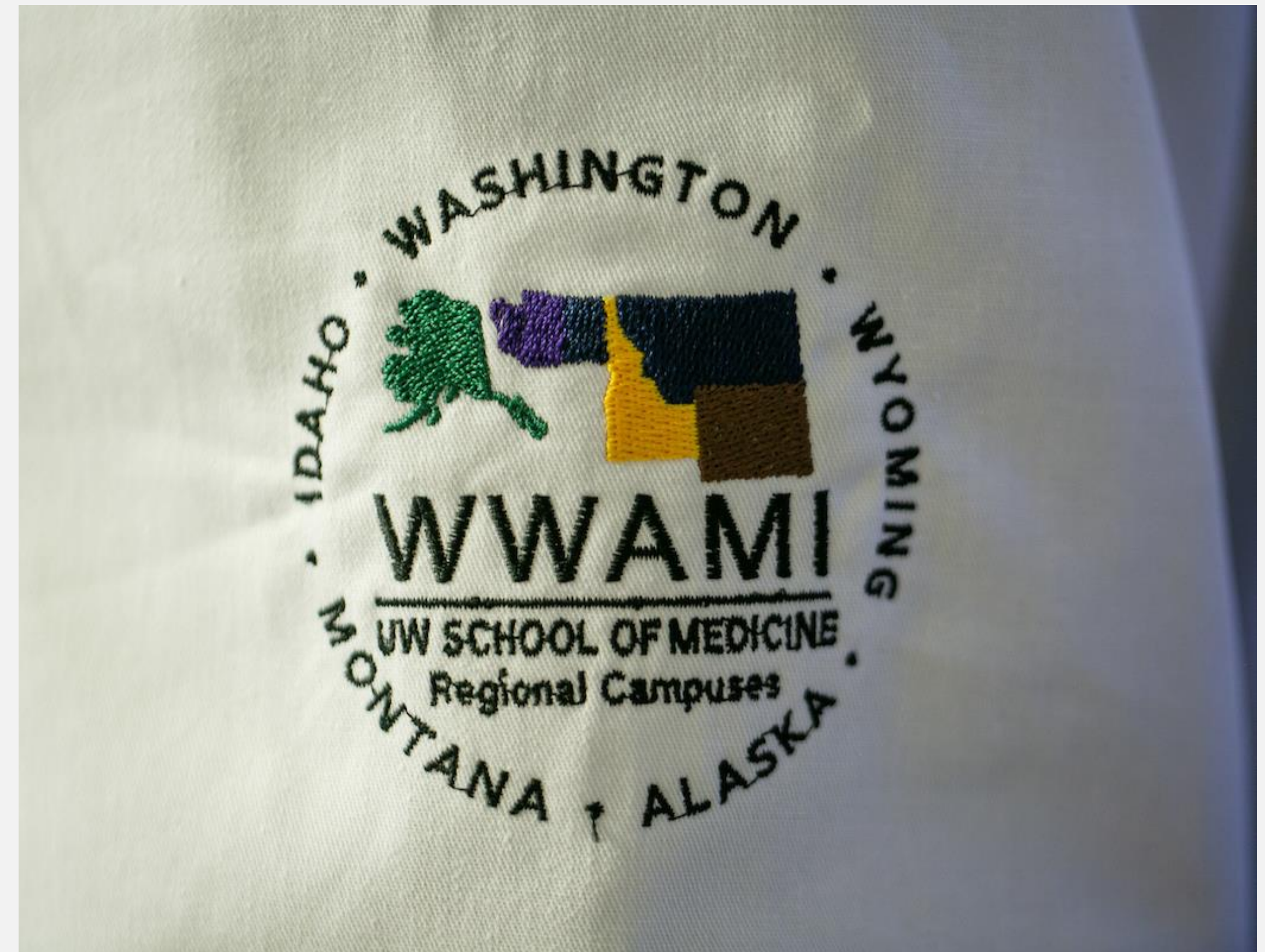


# WWAMI MEDICAL EDUCATION PROGRAM



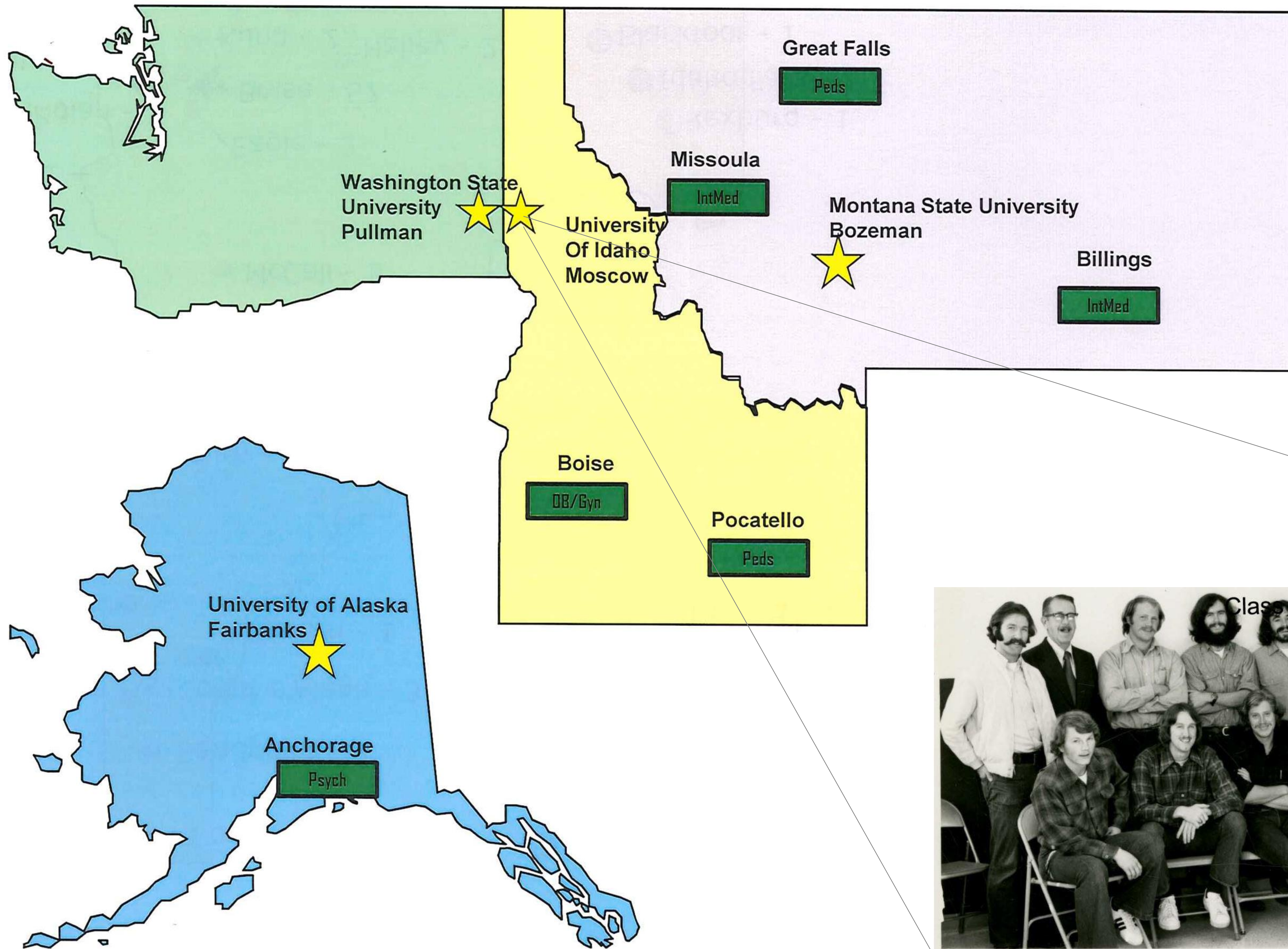
## Five-state partnership with University of Washington School of Medicine

- Consistently recognized as one of the nation's top schools for training physicians.
- Ranked **NO. 1** for primary care education for 23 of the past 25 years.
- Ranked **NO. 1** for both family medicine and rural medicine for 26 consecutive years.



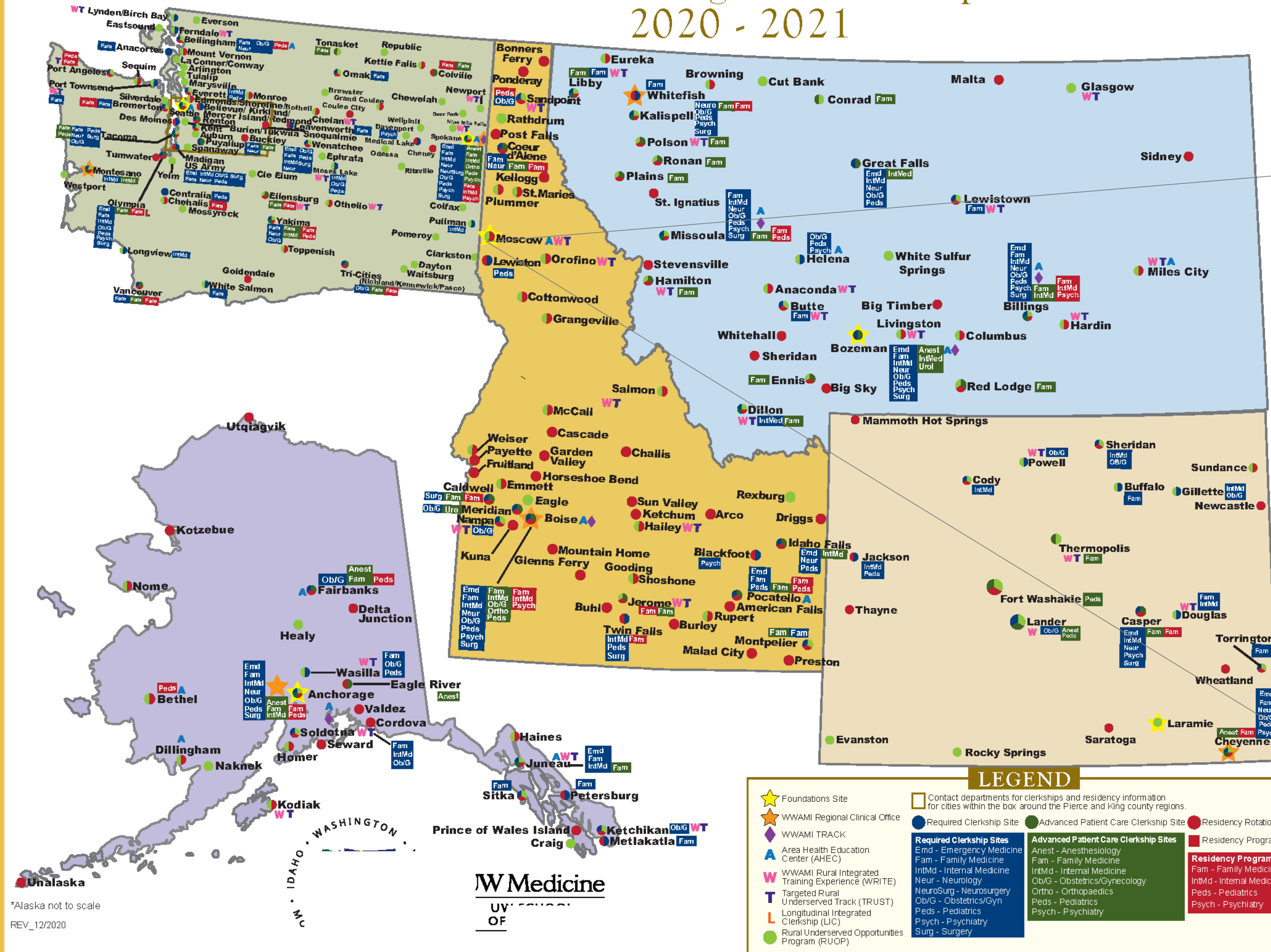


**WAMI 1972**  
**Washington,**  
**Alaska,**  
**Montana, Idaho**  
**WWAMI 1996**  
**Wyoming**





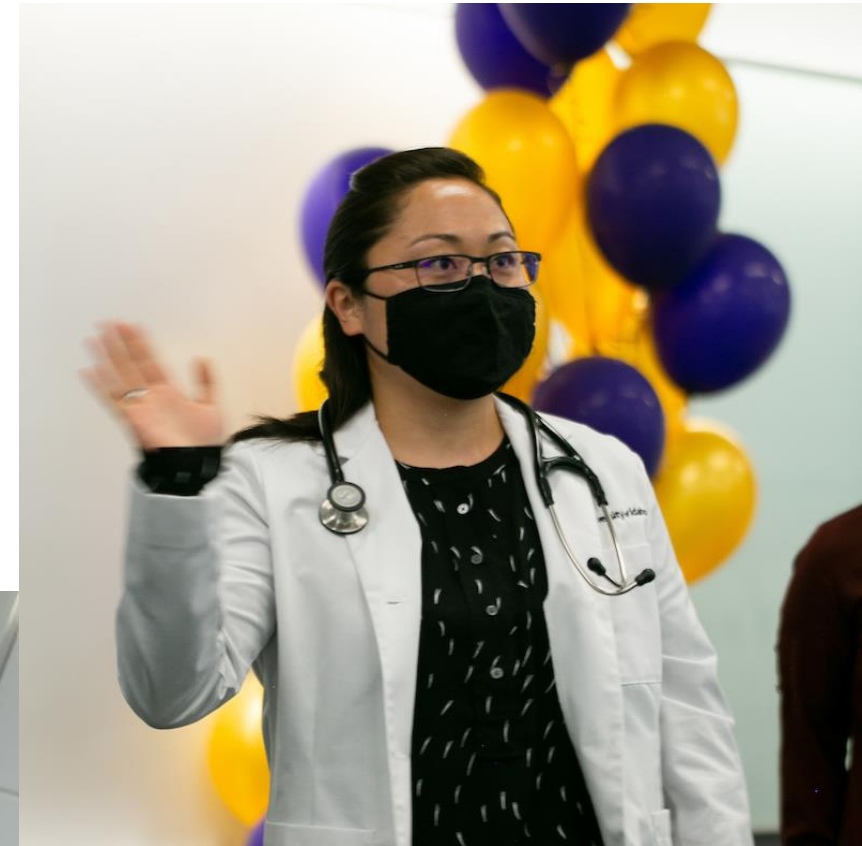
# WWAMI Program Site Map 2020 - 2021



\*Alaska not to scale

REV\_12/2020

**W Medicine**  
UNIVERSITY OF  
WASHINGTON







# IDAHO

## WWAMI Program Site Map

2020 - 2021



Moscow, ID



McCall, ID



Jerome, ID



# Idaho WWAMI Grads in the Gem State



**51%** of Idaho WWAMI grads practice in Idaho.  
National average rate of return is 39%

**75%** Return on investment is 75% (entire WWAMI region)



*Suzanna Hueble, MD, Idaho WWAMI '04  
Weiser, ID*



*Lance Hansen, MD, Idaho WWAMI '09  
Montpelier, ID*



# Idaho Health Workforce Data



For every **\$1.00** Idaho invests in Idaho  
WWAMI, the state's economy gets  
**\$5.10** back.

National average is \$2.30

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**“Idaho ranks 49<sup>th</sup> for Number of Physicians Per Capita”**

AAMC, 2018 Idaho Physician Workforce Profile

**“Nevada and Idaho are the Nation's Fastest-growing States”**

U.S. Census Bureau, Dec. 2018



# Idaho Health Workforce Data

29%

**of Idaho's physicians are over 60.** (AAMC 2018)

96%

**of Idaho is a Primary Care Shortage Area.** (2018, IDHW)

100%

**of Idaho - 44 of 44 counties - are designated  
Mental Health Professional Shortage Areas.** (2018, IDHW)



# Founding Goals of WWAMI

- Provide citizens in the NW access to ***publicly-supported*** medical education.
- ***Increase number of primary care physicians*** and correct the maldistribution of physicians.
- Create ***community-based*** medical education.



- ***Expand GME*** and continuing medical education.
- ***Avoid excessive capital costs*** and duplication of resources by using existing educational infrastructure.



# **Rural Programs**

## **Supported by Idaho WWAMI**



### **Rural Underserved Opportunities Program (RUOP)**



**Tawny Gonzalez**

**Priest River, ID  
RUOP in Plummer**

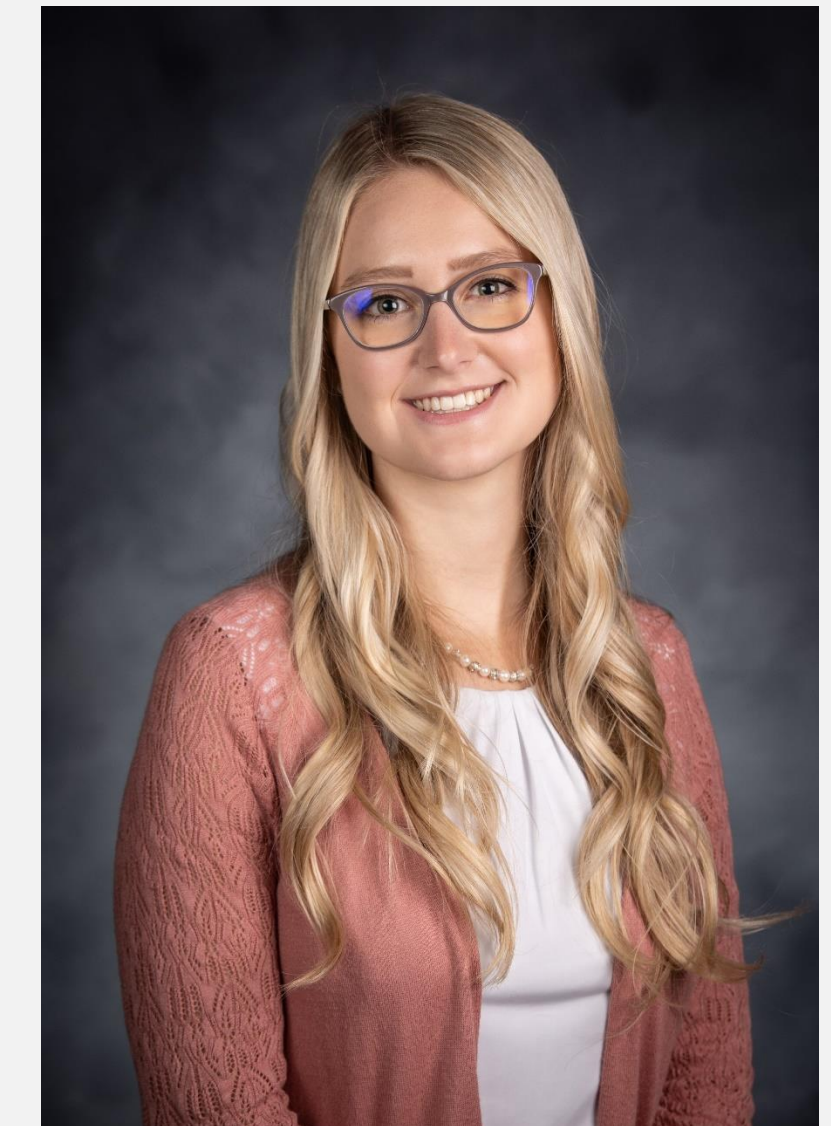
### **Targeted Rural Underserved Track (TRUST)**



**Demsie Butler**

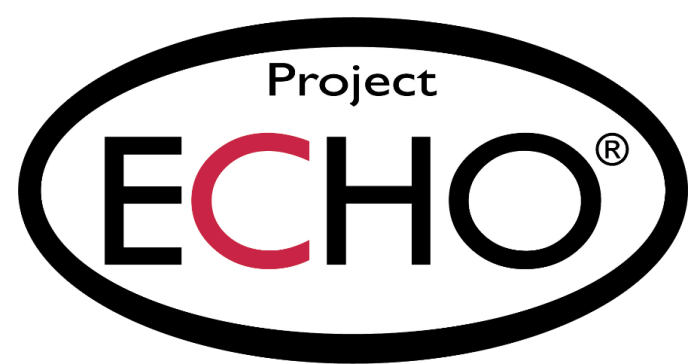
**Bliss, ID  
TRUST Scholar in Jerome**

### **North Idaho Area Health Education Center (AHEC) Scholars**



**Rhegan McGregor**

**St. Maries, ID  
AHEC Scholar**



# Project ECHO - Idaho

*A virtual community for Idaho's healthcare workforce*



People need access to specialty care for complex conditions.



There aren't enough specialists to treat everyone, especially in rural areas.



ECHO® trains primary care clinicians to provide specialty care services.

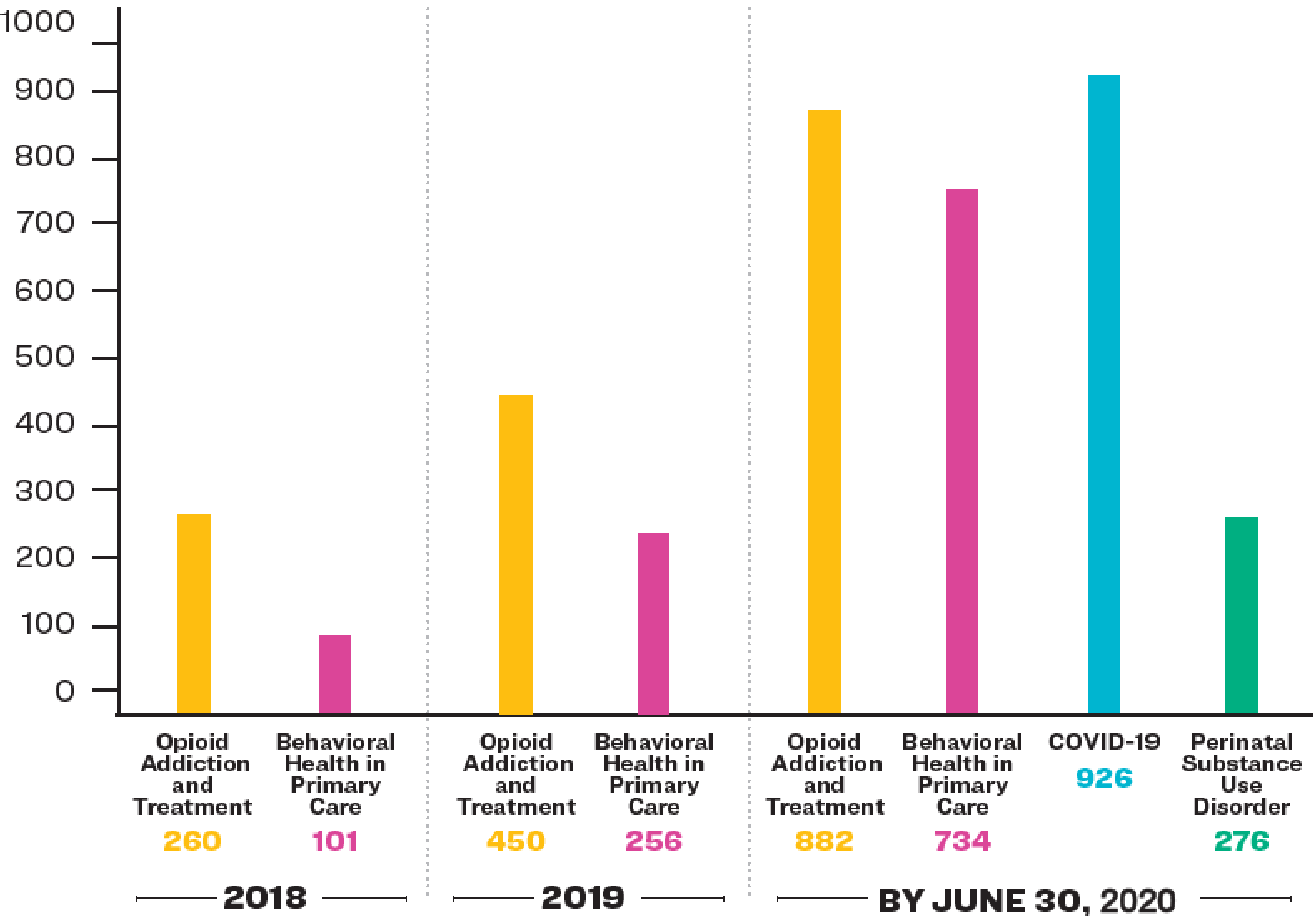


Patients get the right care, in the right place, at the right time.

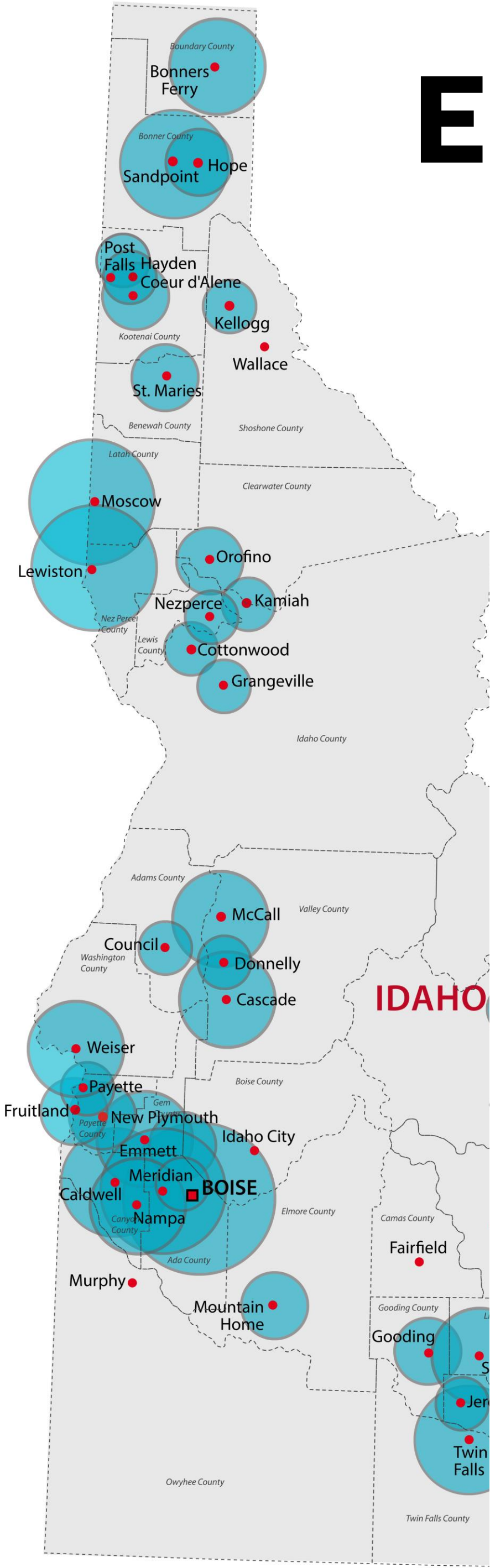


# ECHO Idaho's Growth 2018-2020

NUMBER OF PEOPLE REGISTERED FOR ECHO IN 2018, 2019 AND BY JUNE 30, 2020:



2019	2020
1,455	1,623
1,197	623
1,070	149
1,034	42
1,228	6,283
1,045	95
1,044	60





# Benefits to Providers

- Professional interaction with colleagues with similar interests
- Access to specialty consultation
- Mix of work and learning
- Learn about community resources
- Rapid learning and best-practice sharing
  - Reduces variations in care
  - De-monopolizes knowledge
  - Improves quality and safety





# Project ECHO Helps Decrease Costs



## **FEWER HOSPITALIZATIONS AND ER VISITS**

**NY geriatric mental health ECHO program reduced emergency department visits by 20% and cut costs by 24%. (Journal of American Geriatrics Society, 2011)**



## **BETTER QUALITY OF CARE CLOSE TO HOME**

**Rural providers in NM trained through Project ECHO to treat Hepatitis C outperformed specialists. (The New England Journal of Medicine, 2016)**



## **TREATMENT BEFORE COMPLICATIONS ARISE**

**NM ECHO program focusing on complex care patients was attributed to a 17% decrease in per patient per month costs among Medicaid patients. (Harvard Medical School Case Study, 2017)**





UW SCHOOL OF MEDICINE  
at University of Idaho

# THANK YOU!







## **Jeff Seegmiller Ed.D**

**Director Idaho WWAMI  
University of Idaho**



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AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Monday, February 08, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
MINUTES	Minutes of January 27, 2021	Senator Riggs
APPROVAL	Minutes of February 1, 2021	Senator Heider
GUBERNATORIAL REAPPOINTMENT VOTE	Committee Vote on Gubernatorial Reappointment of Elizabeth Elroy to the Board of Environmental Quality	
<a href="#">H 35</a>	Relating to Health	Dr. Scott Horton, Epidemiology Section Manager, Idaho Department of Health and Welfare
<a href="#">H 36</a>	Relating to the State Registrar of Vital Statistics	James Aydelotte, State Registrar, Idaho Department of Health and Welfare

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin	Sen Agenbroad
Vice Chairman Riggs	Sen Zito
Sen Heider	Sen Stennett
Sen Lee	Sen Wintrow
Sen Harris	

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 08, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senators Lee and Harris

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:11 p.m.

**MINUTES APPROVAL:** **Vice Chairman Riggs** moved to approve the Minutes of January 27, 2021. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**Senator Heider** moved to approve the Minutes of February 1, 2021. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

**GUBERNATORIAL REAPPOINTMENT:** **Chairman Martin** called for the vote on the gubernatorial reappointment of Elizabeth Elroy to the State Board of Environmental Quality.

**MOTION:** **Senator Heider** moved to send the gubernatorial reappointment of Ms. Elroy to the floor with recommendation that she be confirmed by the Senate. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

**H 35** **Relating to Health. Dr. Scott Hutton**, Epidemiology Section Manager, Idaho Department of Health and Welfare (DHW), introduced himself to the Committee. **Dr. Hutton** explained the bill repeals Idaho Code Chapter 10, Title 66 relating to the Idaho Tuberculosis Hospital (ITH) because it is an inactive provision of law. He provided a history of the ITH facility and reported the ITH closed in 1976 due to rapidly decreasing cases of tuberculosis (TB). **Dr. Hutton** added the bill is brought consistent with the Governor's Red Tape Reduction Act. He remarked that Idaho's private health care system, in collaboration with Idaho's seven public health districts, can safely initiate care for the 10 to 15 patients diagnosed with TB annually. **Dr. Hutton** noted the State no longer needs to operate a dedicated TB hospital, and the bill will not result in any negative impacts on quality of care.

**DISCUSSION:** **Senator Stennett** inquired if the ITH facility is still owned by the State. **Dr. Hutton** replied he is unsure of the status of the ITH property but will find out and let her know. **Senator Stennett** said she is curious about potential use of the property if it is still in State ownership.

**Chairman Martin** mentioned he has driven past the ITH property several times and also wondered if it is still State-owned. He clarified the ITH is in Senator Stennett's district and commented it is a large property. **Chairman Martin** asked what has changed over the years to alleviate the need for a dedicated TB hospital. **Dr. Hutton** answered that significant improvements in diagnosis and treatment of TB, including the use of new drugs, dramatically reduced the duration of treatment and number of cases.

**MOTION:**

**Senator Stennett** moved to send **H 35** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**H 36**

**Relating to the State Registrar of Vital Statistics.** **James Aydelotte**, State Registrar, DHW, introduced himself to the Committee. **Mr. Aydelotte** reported the bill contains two sections, the first pertaining to reporting requirements for artificial insemination (AI) and the second relating to disclosure of vital records information. He explained the first section eliminates the requirement that a couple's written consent to AI be filed by the physician with the State Registrar of Vital Statistics. **Mr. Aydelotte** advised there has never been such a filing with the Bureau of Vital Records (BVR) and no purpose exists for either the BVR or the DHW to receive the consent forms. He added the administrative rules related to this section were not reauthorized in 2019 due to the Governor's Red Tape Reduction Act. **Mr. Aydelotte** stated the bill results in no fiscal impact to any State fund.

**Mr. Aydelotte** said the DHW also proposes changes to provisions regarding the disclosure of information from vital records to enable the BVR to operate more efficiently. He advised the present law allows the BVR to disclose information only for child support enforcement and investigation of fraud related to benefit payments. **Mr. Aydelotte** commented that birth and death certificates are used to establish identity and citizenship, and they are sometimes used fraudulently or can be used to determine whether fraud was committed. He explained the bill would expand DHW's authority to provide information to relevant agencies: 1.) to combat all types of fraud, such as identity theft; 2.) when DHW finds evidence of fraud; and 3.) for child health and safety purposes. **Mr. Aydelotte** mentioned the bill would allow the DHW to better protect Idaho children and combat fraud perpetuated on Idaho citizens. He added that the changes would not require any additional expenditure of State funds.

**DISCUSSION:**

**Senator Stennett** pointed out line 25 of the bill and asked if the existing language would allow someone to fraudulently create a false birth certificate or participate in other mischief. **Mr. Aydelotte** clarified that the section of the bill pertaining to fraud is separate and distinct from the AI notification requirement. He said the law was passed in 1982 and he does not know the reason for the AI reporting requirement to the BVR.

**Senator Agenbroad** inquired about the requirement to report to the doctor, and whether it is for the doctor's private records or some other purpose.

**Mr. Aydelotte** responded the reason for that notification requirement is also unknown. He advised the language proposed to be repealed relates only to the DHW's role in maintaining vital statistics.

**Senator Wintrow** mentioned she had similar questions as the other Committee members and commented many single women give birth to children through AI. She asked if the DHW is merely trying to eliminate red tape involving the BVR. **Mr. Aydelotte** answered in the affirmative. **Senator Wintrow** opined the entire section is obsolete and should be repealed.

**Vice Chairman Riggs** asked the reason for keeping track of children born by AI as opposed to traditional methods. **Mr. Aydelotte** replied the DHW did not find value in tracking consent forms and that is the reason for the bill.

**TESTIMONY:**

**Monica McKinley**, representing herself, stated her concern that repealing this language might create human trafficking issues.

**Mr. Aydelotte** stated he is unfamiliar with any record of human trafficking resulting from the AI process. He reported the DHW would not bring the bill if there was concern it would lead to increased child trafficking.

**MOTION:** **Senator Wintrow** moved to send **H 36** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:37 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Wednesday, February 10, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
<a href="#">RS28503</a>	Relating to Physician Assistants	Kent Kunz, Idaho Academy of Physician Assistants
<a href="#">RS28456C1</a>	Relating to Medicaid	Jason Kreizenbeck, Mountain View Hospital
<a href="#">H 37</a>	Relating to Nurses	Tim Frost, Regulatory Affairs Manager, Department of Occupational and Professional Licenses
<a href="#">H 38</a>	Relating to the Idaho Telehealth Access Act	Tim Frost
<a href="#">H 39</a>	Relating to Controlled Substances	Tim Frost
<a href="#">H 40</a>	Relating to Pharmacists	Tim Frost
<a href="#">S 1060</a>	Relating to Public Health Districts	Senator Vick
PRESENTATION	Home Care Industry	Nichole Claiborn, Executive Director of Home Care, Terrace Home Care

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
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MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, February 10, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senator Zito

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:03 p.m.

**RS 28503** **Relating to Physician Assistants.** **Kent Kunz**, on behalf of the Idaho Academy of Physician Assistants (IAPA), introduced himself to the Committee. **Mr. Kunz** described the professional requirements to become a physician assistant (PA) and a PA's role in providing health care. He reported the RS is the result of a collaborative effort among the Idaho Medical Association, Idaho State Board of Medicine (BOM), Idaho Division of Professional and Occupational Licenses (DOPL), IAPA, and other stakeholders. **Mr. Kunz** remarked the RS will reduce unnecessary regulation and administrative burdens while maintaining proper oversight of PA licensees.

**MOTION:** **Senator Heider** moved to send **RS 28503** to print. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

**RS 28456C1** **Relating to Medicaid.** **Jason Kreizenbeck**, representing Mountain View Hospital, introduced himself to the Committee. **Mr. Kreizenbeck** stated the RS will create a new category of Medicaid reimbursement to allow new hospitals to be reimbursed at the rate of 91 percent of costs for the first 36 months of operation. He added the facility would move to the State's value-based reimbursement system after 36 months.

**MOTION:** **Senator Harris** moved to send **RS 28456C1** to print. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**H 37** **Relating to Nurses.** **Tim Frost**, Regulatory Affairs Manager, DOPL, introduced himself to the Committee on behalf of the Idaho Board of Nursing (BON). **Mr. Frost** advised the bill updates the BON's practice act to allow the BON to take disciplinary action against a licensee at the time the licensee enters a guilty plea for a criminal conviction. He stated the BON may take certain actions based on criteria established in the Occupational Licensing Reform Act, but under current law the BON cannot act until the licensee has been convicted of the crime. **Mr. Frost** said the change stems from a 2019 case involving a Magic Valley licensed nurse who entered a guilty plea for evidence tampering in relation to a Colorado murder case. He added the BON was forced to wait until the case was completed before taking action against the licensee. **Mr. Frost** explained that news of the guilty plea was visible to the public, but the nurse maintained an active, unrestricted nursing license. He remarked the bill would prevent this type of situation in the future. **Mr. Frost** commented there is no fiscal impact to the General Fund or the BON dedicated fund.

**MOTION:** **Senator Wintrow** moved to send **H 37** to the floor with a **do pass** recommendation. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

**H 38** **Relating to the Idaho Telehealth Access Act.** **Tim Frost** presented the bill on behalf of DOPL's Health Professions Section. **Mr. Frost** reported **H 38** updates the Idaho Telehealth Access Act (Act) to allow for prescribing of controlled substances through telehealth. He explained the reference to 21 U.S.C. section 802(54)(a) in the Act makes Idaho law more stringent than federal law, and he stated the bill strikes that reference. **Mr. Frost** noted the bill would allow Idaho licensed providers to quickly adapt to any new allowances afforded by the U.S. Drug Enforcement Administration (DEA). For example, in response to the COVID-19 health emergency, the DEA adopted policies to allow practitioners to prescribe controlled substances without in-person patient interaction, he said. **Mr. Frost** added that Idaho was able to waive the requirements only because of the Governor's emergency declaration order. He remarked the legislation would help patients with opioid use disorder receive treatment through telehealth. **Mr. Frost** stated the Idaho State Board of Pharmacy (BOP) and BOM support the change, and there is no fiscal impact to the General Fund or the agencies' dedicated funds.

**MOTION:** **Senator Stennett** moved to send **H 38** to the floor with a **do pass** recommendation. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**H 39** **Relating to Controlled Substances.** **Tim Frost** presented the bill on behalf of DOPL's Health Professions Section and the BOP. **Mr. Frost** explained the bill updates the Controlled Substances Act and transitions oversight of the Prescription Drug Monitoring Program (PDMP) from the BOP to DOPL. He stated the PDMP is a Statewide electronic database implemented in 1997 that collects data on controlled substances dispensed in Idaho to assist with patient care and combat opioid abuse. **Mr. Frost** described the changes in the bill necessary to effect the transition and added that the bill does not change the structure or services of the PDMP. He mentioned that DOPL employees would be allowed to view private prescription information, which will streamline controlled substance investigations across all health care boards. **Mr. Frost** added that the bill results in no fiscal impact to the General Fund or the BOP's dedicated fund.

**DISCUSSION:** **Senator Lee** inquired about the cost of the transition and asked how the additional duties involved with maintaining the database would be absorbed by DOPL. **Mr. Frost** answered that the PDMP will continue to operate in the same manner as the present time. He remarked the health care boards are presently moving to DOPL under one appropriation. **Mr. Frost** added that investigators within the health professions section will be able to work together to help each other.

**Senator Agenbroad** asked what role the health boards will play if their authority is moved to DOPL. **Mr. Frost** responded that while oversight authority for the PDMP will transition from the BOP to DOPL, decisions on disciplinary actions against pharmacists will continue to be made by BOP board members who are subject matter experts.

**Vice Chairman Riggs** commented the bill is primarily an administrative alignment issue and wondered whether there are concerns about the ability to keep track of potential compliance issues with many agencies moving to DOPL at the same time. **Mr. Frost** replied that DOPL is proceeding cautiously with the transition to ensure no patient safety is compromised. He stated the staffing, outreach, and administrative work related to the PDMP will remain the same. **Mr. Frost** added the PDMP is very successful, with increased utilization through the State. He repeated the bill will allow investigators to work together on cases rather than change how the PDMP is used by licensees.

- MOTION:** **Vice Chairman Riggs** moved to send **H 39** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.
- H 40** **Relating to Pharmacists.** **Tim Frost** presented the bill on behalf of the Health Professions Section, DOPL, and the BOP. **Mr. Frost** explained the bill amends the Pharmacy Practice Act by updating the Wholesale Drug Distribution Act, making permanent certain restrictions waived during the pandemic and removing unnecessary duplications. He explained the bill removes five pages of outdated statute that is more restrictive than federal law and moves essential elements of the law to a new location. **Mr. Frost** stated the bill changes references to "license" or "registration" to "certificate" but does not create any new licenses or registrations. He reported that age restrictions on patients receiving immunizations from a pharmacist were waived during the pandemic, and the bill makes that waiver permanent. **Mr. Frost** advised the bill clarifies that a health care professional may prescribe naloxone or epinephrine to any patient or entity to ensure these life-saving medications are readily available and accessible. He remarked the bill results in no fiscal impact to the General Fund or the BOP dedicated fund.
- MOTION:** **Senator Harris** moved to send **HB 40** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.
- S 1060** **Relating to Public Health Districts.** **Senator Vick** presented the bill to change the process for enacting a countywide or district-wide health order. He explained the bill requires approval of the county commission before a countywide or district-wide order could go into effect, limits such an order to 30 days, and changes a violation from a misdemeanor to an infraction. **Senator Vick** advised that any other type of order issued by a health district would continue to be effective immediately. The county commission of each affected county would have seven days to approve the order by resolution, he said. **Senator Vick** opined that elected officials should be making decisions affecting their citizens. He added the bill would have no impact on the ability of a city to issue a citywide order and it does not change the composition of a health district board. **Senator Vick** commented that many law enforcement officers refused to issue a misdemeanor citation for not wearing a mask, and changing the penalty to a \$50 infraction might have the effect of increasing enforcement.
- DISCUSSION:** **Senator Stennett** suggested the health district boards should be comprised solely of commissioners, if county commissioners will be making the decisions, and she asked why people who are not county commissioners or health care providers are allowed to be board members. **Senator Vick** responded it was not his intention to change the composition of a health district board because most of the board's work is unrelated to countywide or district-wide orders. He expressed his belief that the current requirement for a doctor to sit on a health district board should be maintained. **Senator Vick** explained one of the primary complaints about the present statute is that board members can approve a mandate for one county while not placing the same mandate on their own counties. He added the bill will allow decisions to be made locally and not by board members from another county.

**Senator Stennett** commented that her health district has eight counties, and she asked for clarification that the bill would not preclude a county from approving an order if the other counties disapproved it. **Senator Vick** replied that one county could accept a mandate if others did not. **Senator Stennett** asked how a city would have autonomy to impose a mandate if the county did not approve the same mandate. **Senator Vick** answered that the cities' authority would not change. **Senator Stennett** asked whether a city is preempted from taking an action by the county's decision, and what the result would be if a city approved a mask mandate but the county did not approve it. **Senator Vick** responded that cities have authority under Idaho Code not available to health districts, and that would not change. He added it would be possible for a city to have two orders in place at the same time, one from the city and one from the health district.

**Senator Wintrow** recalled the Committee had a presentation on the purpose and composition of health districts and the process to appoint board members. She asked the reason for the proposed change at this time, whether it is because existing law did not result in good health outcomes or someone disagreed with the decisions made by the health districts. **Senator Wintrow** stated she is contemplating the best place for decision-making authority. **Senator Vick** replied the composition of a district health board is found in Idaho Code Chapter 4, Title 39 together with the method of board member selection. He reported he did not receive complaints about health district boards until this year, but the pandemic raised unanticipated issues. **Senator Vick** stated his opinion that decisions about regulating behavior and business operations should be left to elected officials, and that is his sole reason for bringing this bill.

**Vice Chairman Riggs** clarified that a county cannot refuse to enforce a Statewide order but can enact a stricter mandate. **Senator Vick** replied that is also his understanding. **Vice Chairman Riggs** asked if the health district boards have been receptive to the proposed changes, and if the goal is to allow medical professionals to debate the issues from a scientific rather than political standpoint. **Senator Vick** responded that Michael Kane on behalf of the health district boards could better answer that question.

**Michael Kane**, representing the Idaho Association of District Boards of Health, introduced himself to the Committee. **Mr. Kane** stated the health district boards discussed **S 1060** with Senator Vick and others and support the legislation.

**TESTIMONY:**

**Mr. Kane** testified in support of the bill. He commented county commissioners appoint all health district board members and vote on them. **Mr. Kane** reported it is sometimes impossible to have county commissioners comprise an entire health district board because the board has seven members and some districts consist of only four counties. He added that valuable contributions of health professionals would be lost if county commissioners were the only board members. **Mr. Kane** stated it is reasonable to have elected officials make the decisions after consulting with the health district boards. He advised the bill does not affect the vast majority of a health district's work. **Mr. Kane** confirmed the cities have authority to implement their own orders.

**DISCUSSION:** **Senator Stennett** asked the benefit of having health district board members who are not health professionals or elected officials. **Mr. Kane** replied some board members are retired county commissioners who have served for many years, and a county commissioner on a health district board is an appointee. He added a health district board could vote for a countywide order that the other commissioners in a county oppose. **Mr. Kane** reported the health district boards see this as the best alternative to changing the composition of the board. **Senator Stennett** asked about the other duties of health district boards and inquired how a pandemic that requires health expertise differs from those other duties. **Mr. Kane** answered that 90 percent of a health district's duties involve one-on-one interactions between staff and constituents. He responded by saying in a pandemic, the health district boards listen to the health professionals and make orders based on their feedback and recommendations from the Centers for Disease Control and Prevention. **Mr. Kane** added that closing businesses are political decisions that affect lives and livelihoods, and county elected officials should have greater involvement in those decisions.

**Senator Wintrow** stated she is becoming more comfortable with the legislation. She compared it to the Governor listening to health experts and making the final decision on Statewide orders. **Mr. Kane** replied it is a good analogy. **Senator Wintrow** added it would be helpful if the health district boards were comprised of many health professionals. She asked how many health professionals serve on a health district board and what their qualifications are. **Mr. Kane** responded every health district board has a different composition and reiterated that board members receive advice from many health professionals.

**TESTIMONY:** **Bryon Reed**, Chairman, Eastern Idaho Public Health Board of Health (EIPH Board), testified in support of the bill. **Mr. Reed** expressed appreciation for the efforts of the bill's sponsor to bring the legislation. He commented the EIPH Board was given a great responsibility due to the pandemic. **Mr. Reed** mentioned his Board relies heavily on the health professionals who testify at their meetings. He explained EIPH Board members also consult with the county commissioners before adopting a countywide health order, but this bill will alleviate some concerns expressed by county residents. **Mr. Reed** added the violation of a countywide health order is presently a misdemeanor, so the EIPH Board did not advocate for enforcement. He opined that changing a violation to an infraction is necessary and wise.

**Bill Leake**, EIPH Board member, testified in support of the bill. **Mr. Leake** stated he is a former Teton County commissioner. He remarked the bill gives authority to elected officials, and commented that the counties and health district boards make decisions based on advice from health professionals.

**MOTION:** **Vice Chairman Riggs** moved to send **S 1060** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion.

**DISCUSSION:** **Senator Stennett** advised she would support the motion because of confusion over why non-elected officials are allowed on health district boards. She supports the idea of putting the decisions in the hands of elected officials.

**Senator Wintrow** commented she appreciated Senator Vick's presentation, and the testimony from Mr. Kane and others convinced her to support the motion. She noted the decision is a difficult one because the pandemic is ongoing and emotions are running high. **Senator Wintrow** stated her reluctance to legislate until the pandemic has concluded or change the rules simply because a decision is unpopular. She added the Governor as an elected official has authority to make Statewide orders in an emergency, and the recourse for an unpopular decision is the election process. **Senator Wintrow** urged consistency in changing the law.

**Senator Lee** said she supports the motion and appreciates Senator Vick's work. She noted it is compelling that all seven health district boards have joined in support of the legislation. **Senator Lee** remarked the legislation strikes a balance between local control and health concerns. She added the bill allows counties and elected officials to have a say in what is imposed in their areas.

**Chairman Martin** mentioned he was not in support of the bill when he first saw it, but after many meetings and discussions, he will support the motion. He opined this is a very good bill, and he clarified his vote is not in opposition to Central District Health's decisions. **Chairman Martin** stated his belief that the bill will minimize further protests at health districts by moving this type of decision-making to elected officials. He added he is also reluctant to make changes in the middle of an emergency, but this is a good piece of legislation built on consensus.

**VOICE VOTE:** The motion to send **S 1060** to the floor with a **do pass** recommendation carried by **voice vote**.

**PRESENTATION:** **Home Care Industry. Nichole Claiborn**, Executive Director of Home Care, Terrace Home Care, introduced herself to the Committee on behalf of the Idaho Association of Home Care Agencies. **Ms. Claiborn** described the functions of the home care industry and presented challenges to the industry in accordance with Attachment 1.

**DISCUSSION:** **Senator Wintrow** asked how many home health caregivers are in Idaho. She mentioned her father required home health care and stated it is important to have trained, qualified caregivers. **Senator Wintrow** inquired about the required training and the effect training requirements have on caregiver salaries. **Ms. Claiborn** responded the training is necessary because often caregivers do not have any health care experience. She stated the training is eight hours and the Idaho Department of Health and Welfare (DHW) requires a set curriculum. **Ms. Claiborn** added there is a cost for the training, and the caregiver must be paid for training time. She noted DHW has added documentation requirements for caregivers which further increases costs. **Senator Wintrow** remarked that society must decide how much investment is needed to provide the best care for an aging population.

**Senator Agenbroad** asked what rate increase is sought. **Ms. Claiborn** answered the previously agreed increase with DHW was \$9 million per year. **Senator Agenbroad** asked how that amount would translate to reimbursement rates. **Jeremy Chou**, representing the Idaho Association of Home Care Agencies, introduced himself to the Committee and stated it would amount to approximately \$2 an hour in reimbursement rates. **Senator Agenbroad** inquired if the increase will take effect on July 1. **Ms. Claiborn** replied the increase was agreed upon and would have been part of the 2021 DHW appropriation but it was cut because of the pandemic.

**Senator Lee** asked for information on Ms. Claiborn's conversation with DHW regarding the increase. **Ms. Claiborn** answered that DHW has been responsive, but the caregivers were told there is no money in the budget to increase funding for personal care services. She added that agencies were restricted from applying for COVID funds because those funds were intended to address COVID issues and not cover the cost of ongoing provider increases. **Senator Lee** commented the issue of provider payments is a continuing concern. Solutions are needed to provide the required services at a cost that will allow the State to attract caregivers for some of the most vulnerable Idahoans, she said. **Senator Lee** thanked Ms. Claiborn for bringing this matter to the Committee's attention and said she supports addressing the provider payment issue at a time of budget surplus.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:34 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary



# Idaho Association of Home Care Agencies

## What we do...

1. Provide support to families and individuals allowing someone to age in place.
2. Provide a transition between someone being able to live alone and moving to a care facility.
3. Our services include all the services found in an Assisted Living Facility, just provided in the comfort of your own home.
  - Assistance with Activities of Daily Living (ADL's) for the elderly and disabled which include dressing, bathing, toileting/changing attends, transfers, G-tube feedings, mobility, and other essential functions.
  - Homemaker services including meal preparation, laundry, and housekeeping. Housekeeping is utilized after the caregiver has completed meal preparation, cleaning up after a bath, and other housekeeping tasks that the participant is unable to complete independently. This allows the participant the ability to remain at home in a clean and safe environment.
  - Respite- our caregivers allow family members to obtain outside employment knowing that their loved ones will be cared for while they are gone.



# Who we serve

- Our association represents agencies throughout the state of Idaho. Our members provide services in all regions.
- Services are either paid for privately, through the VA, or through Idaho Medicaid. This includes the enhanced benefits that are managed by Blue Cross or Molina Health Care.
- 70%-80% of agencies clientele consists of Medicaid participants and it continues to climb.



# Our challenge....

- Current Administrative burden per hour continues to increase. This increase in administrative burden is caused by;
  - Increased training requirements
  - RN oversight requirements
  - Documentation requirements
  - FLSA- Overtime changes
  - Health insurance costs
  - Recent electronic visit verification (EVV) mandate.

## What are we doing to save money?

- As agencies we do our best to reduce costs where we can. We do this by;
  - Keeping administrative staff to a minimum.
  - Overlapping job requirements; for example, salaried office staff are being used to work as caregivers in the field.
  - Limiting caregiver hours to reduce health insurance expense but this limits the hours a caregiver can work attributing to more of the caregiver shortage.
  - Shifted hiring costs to be paid by the applicant and not the agency but again this reduces our ability to hire as the applicant must produce \$100 dollars to start working.
  - Stretch out time in-between clients to reduce travel pay requirements.
  - Some agencies are denying high skilled or Medicaid clients onto their service. This reduces the amount of training and administrative wages.

## How the state can save money...

- Keep participants in their home and out of long- term facility placement.
- Reduce emergency room visits by utilizing Personal Care agencies
- Stabilize the risking risk population by utilizing Personal Care agencies. These agencies can help participants remain stable in their condition, working towards their goals to reduce further chronic care needs.

# What has brought us here today...

- There is a caregiver shortage throughout Idaho and agencies have been unable to hire enough (or any) providers to care for the vulnerable members of our population.
- This shortage is caused by several factors:
  - Aging population
  - Increase in residents which include those
  - Desire for individuals to remain in their own home instead of moving to a care facility.
  - Lack of individuals looking for work as a caregiver. This is mostly due to low wages caused by Medicaid's reimbursement. **Personal caregivers make on average of \$10-12 per hour**
  - Increased competition in the market to pay high wages.
    - Amazon is paying \$15 per hour
    - McDonalds is paying \$15 per hour
    - Target is paying \$16 per hour for night staff

# Where we are...

## Past and present reimbursement rates

Budget Year Start	Blended	Attendant T1019/S5125	Homemaker S5130	Companion S5135
7/1/2009	16.04	16.04	-	-
7/1/2010	15.43	16.04	13.60	-
7/1/2011	14.87	15.56	13.20	11.24
7/1/2012	14.87	15.56	13.20	11.24
7/1/2013	15.31	15.72	14.16	13.68
7/1/2014	15.35	15.76	14.20	13.72
7/1/2015	15.35	15.76	14.20	13.72
7/1/2016	15.35	15.76	14.20	13.72
7/1/2017	15.35	15.76	14.20	13.72
7/1/2018	17.63	17.96	16.64	16.64
7/1/2019	17.63	17.96	16.64	16.64
7/1/2020	18.58	18.96	17.64	16.64

In 11 years, Personal Care agencies have received an increase of \$1.54 to put towards caregiver wages

# Where we are continued...

- The association has worked closely with the department of Health and Welfare on these challenges for the past couple of years.
- Earlier this year the association engaged in discussions with the Idaho Health and Welfare Department for an increase of approximately \$9 million in Medicaid reimbursement rates to assist.
- Unfortunately, with the advent of COVID-19, the Department was instructed to reduce 4% of their budget and the increase was placed on hold.

# Why we need an increase...

- State requirements continue to increase and are imposed upon the agencies increasing our administrative burden while reimbursement remains low.
- We need additional funds in order to pay our caregivers more competitive wages.
- We can serve our vulnerable population and help them avoid more expensive levels of care including emergency room visits and long-term care placement when not appropriate.

Our request  
of you...

Reimbursement rate increase  
effective July 1<sup>st</sup>, 2021.

Annual review of reimbursement  
rates. This will help agencies and  
the state avoid these caregiver  
shortage emergencies.



**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Monday, February 15, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
MINUTES APPROVAL:	Minutes of February 4, 2021	Senator Zito
	Minutes of February 8, 2021	Senator Stennett
PRESENTATION:	Idaho Department of Health & Welfare Budget	Dave Jeppesen, Director, Idaho Department of Health and Welfare
<a href="#">RS28480</a>	Relating to Insurance	Elizabeth Criner, Idaho Dental Association
<a href="#">RS28573</a>	Relating to Suicide Prevention	Stewart Wilder, Idaho Suicide Prevention Action Collective
<a href="#">RS28322C1</a>	Relating to Virtual Care Access	Rick Soderquist
<a href="#">RS28309</a>	Relating to Telehealth	Tim Olson, Teladoc Health
<a href="#">RS28579</a>	Relating to Naturopathic Practitioner Licensing	Brody Aston, Naturopathic Physicians Association of Idaho

***If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.***

COMMITTEE MEMBERS

Chairman Martin	Sen Agenbroad
Vice Chairman Riggs	Sen Zito
Sen Heider	Sen Stennett
Sen Lee	Sen Wintrow
Sen Harris	

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 15, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:01 p.m.

**MINUTES APPROVAL:** **Senator Zito** moved to approve the Minutes of February 4, 2021. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**Senator Stennett** moved to approve the Minutes of February 8, 2021. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**PRESENTATION:** **Idaho Department of Health and Welfare Budget. Dave Jeppesen**, Director, Idaho Department of Health and Welfare (DHW), introduced himself to the Committee. **Mr. Jeppesen** provided an update on the distribution of the COVID-19 vaccine in Idaho. He reviewed the types of vaccines available and the storage requirements for each. **Mr. Jeppesen** reported on the number of vaccines shipped to Idaho on a weekly basis and the process for distributing them to providers throughout the State. He stated the population of Idahoans age 65 and over is approximately 290,000 and it will take several weeks or months to fulfill demand for vaccinations in that age group. **Mr. Jeppesen** demonstrated the updated DHW website that now includes data on Idahoans vaccinated and numbers of vaccines administered by providers.

**DISCUSSION:** **Senator Stennett** asked what percentage of the population has been vaccinated, and for the number of vaccines coming to Idaho. **Mr. Jeppesen** replied 10 percent of Idahoans have received the first vaccine dose, and approximately 4 percent have received the second dose. He said Idaho receives 30,000 doses per week at this time, recently increased from 25,000 per week. **Senator Stennett** commented that other states comparable in size to Idaho have vaccinated more people. She asked what Idaho can do to receive more vaccine supply, and whether certain providers are holding large quantities of vaccines. **Mr. Jeppesen** answered that Idaho receives vaccine doses based on population, and Idaho has a larger proportion of people under age 18 than other states. He added that Idaho's population is rapidly growing and distribution is based on old census numbers.

**Mr. Jeppesen** remarked that DHW continues to communicate with federal partners regarding vaccine needs. He explained the federal government has a partnership with CVS and Walgreens to vaccinate long-term care centers, and those partners may be holding extra doses. **Mr. Jeppesen** said DHW is monitoring vaccine supply at CVS and Walgreens and can reallocate unused vaccines to other providers.

**Senator Wintrow** inquired about the aforementioned communication with the federal government and the status of increased vaccine manufacturing. **Mr. Jeppesen** responded that additional vaccines will likely be approved soon, and they could provide up to 100 million additional doses nationwide by the end of June. He added the federal government has contract options with existing vaccine manufacturers to increase production, and he expects to see 300 million additional doses by the end of summer. **Mr. Jeppesen** commented Idaho is presently using only 25 percent of vaccine provider capacity.

**PRESENTATION:** **Mr. Jeppesen** reviewed the mission and vision for DHW. He commented DHW has completed 56 percent of the tasks in its five-year strategic plan. **Mr. Jeppesen** explained DHW's efforts to accomplish Goal #1: ensure affordable, available health care that works. He provided statistics on Medicaid expansion and stated in fiscal year 2021, the second year of Medicaid expansion, enrollment was as expected but claims were higher than estimated due to pent-up demand for health care. **Mr. Jeppesen** mentioned that DHW received extra funding from the federal government due to the pandemic, which was sufficient to cover increased costs. He advised that the revised cost projection for fiscal year 2022 is \$827 million, much larger than originally forecast.

**Mr. Jeppesen** reported that the federal government plans to extend a temporary increase in reimbursements for the entire calendar year 2021, which will provide one-time savings of \$56 million. He stated it is imperative to take cost containment measures. In 2020, **H 351** moved hospitals and skilled nursing facilities from a cost-based to budget-based methodology, resulting in a \$23 million General Fund reduction.

**DISCUSSION:** **Senator Lee** inquired about the ability to make good budget decisions with a new cost structure in the midst of a pandemic, and asked how DHW intends to meet Goal #1 moving forward. **Mr. Jeppesen** answered that DHW moved to a budget-based model for services on a unit basis, and hospital partners have not reported undue stress due to the pandemic. He explained DHW is the only payer in the State that does not pay on the budget-based methodology. **Mr. Jeppesen** reported that DHW meets regularly with hospitals to establish a budget and ensure it is appropriate. **Mr. Jeppesen** mentioned that the budget-based approach may require the implementation of some processes to ensure no unintended negative consequences for skilled nursing facilities.

**Matt Wimmer**, Administrator, Division of Medicaid, DHW, introduced himself to the Committee. **Mr. Wimmer** stated that Director Jeppesen provided a thorough response to Senator Lee's question about budget decisions.

**Chairman Martin** commented that the State is saving money by paying the providers less. He asked how the provider will be able to provide needed services with less money, and if the State is creating a problem with providers who might be unwilling to provide services. **Mr. Wimmer** explained most states do not use cost-based reimbursements, and providers receive supplemental payments to bring them up to cost. He added it is a challenge to change the methodology but it is important for budget control and will benefit the State in the long term without serious negative impacts on providers.

**PRESENTATION:** **Mr. Jeppesen** described the value-based contracts the State has entered into with providers effective July 1, 2021, which will shift reimbursement from a fee-for-service methodology to one that pays based on results. **Mr. Jeppesen** reported that providers with good outcomes that operate below budget will share in the savings, while providers that are over budget will have to pay some of the cost overruns. He advised that Medicare and commercial providers already reimburse using this methodology, and DHW will monitor the process to ensure people receive needed care with the best outcomes. **Mr. Jeppesen** stated DHW plans to create a stabilization fund with one-time savings.

**DISCUSSION:** **Senator Wintrow** asked what challenges DHW anticipates in the transition to value-based budgeting. **Mr. Jeppesen** responded that providers have already made the transition with other payers. He added the new methodology will allow for better data sharing and communication to determine if patients are utilizing the most effective and cost-saving treatment options.

**PRESENTATION:** **Mr. Jeppesen** described DHW's Goal #2: Protect children, youth, and vulnerable adults. He reported DHW will open State Hospital West (SHW) in April in Nampa to serve adolescent behavioral health patients who are presently housed in State Hospital South (SHS) in Blackfoot. **Mr. Jeppesen** explained that moving the adolescent patients to SHW will allow SHS to serve high-risk adults with challenging behaviors. He stated DHW's budget request includes funding for a new psychiatrist for SHS. **Mr. Jeppesen** reported DHW's child welfare transformation project was completed on time, within scope, and on budget. He advised the project created a modern case management system that will be the first such fully functioning system in the United States.

**Mr. Jeppesen** thanked DHW staff and the Committee for their efforts to support the project. He explained DHW has made progress to improve the Southwest Idaho Treatment Center (SWITC). **Mr. Jeppesen** remarked that DHW developed a new treatment model for patients with intellectual disabilities and complex needs. DHW will transition from using SWITC as an intermediate care facility to providing a continuum of care, including crisis stabilization, short-term treatment, and a return to long-term care in the community, he said.

**Mr. Jeppesen** presented Goal #3: Help Idahoans become as healthy and self-sufficient as possible. He mentioned the Office of Performance Evaluations report on Alzheimer's disease and dementia. **Mr. Jeppesen** said the report identified the need for a centralized coordinated approach to battle Alzheimer's and dementia, provide service to individuals suffering from those conditions, and support Alzheimer's patient caretakers. He added the DHW budget includes \$275,000 for such a coordination project. **Mr. Jeppesen** noted DHW's goal is to reduce the Idaho suicide rate by 20 percent by 2025. He added suicide prevention stakeholders have formed a collective to coordinate efforts. **Mr. Jeppesen** claimed the suicide rate did not increase due to the pandemic.

**Mr. Jeppesen** explained Goal #4: Strengthen the public's trust and confidence. He remarked that a transition is taking place in state behavioral health hospitals, because they now can bill Medicaid for services due to adoption of Medicaid expansion and the approval of the Medicaid Institutions for Mental Disease (IMD) waiver. **Mr. Jeppesen** remarked that these changes have saved \$3 million in General Fund costs for SHS. He added that State Hospital North (SHN) will be eligible to bill Medicaid for services upon achieving national accreditation. **Mr. Jeppesen** said the accreditation process will require facility upgrades and additional staff, and DHW's budget request includes funding for SHN accreditation costs. He commented DHW expects ongoing General Fund savings of \$4 million to \$4.5 million annually once both SHS and SHN are billing Medicaid.

**Mr. Jeppesen** mentioned additional budget requests for the: 1.) Electronic Visit Verification program; 2.) federal patient access and interoperability requirement to share Medicaid provider and payment information with patients; 3.) audits of payments to managed care contractors; and 4.) support for nine Statewide community recovery centers.

**DISCUSSION:** **Senator Lee** asked what the deficit would have been if Idaho had not received the extended 2021 federal contribution. **Mr. Jeppesen** responded Medicaid expansion would cost an additional \$47.6 million in 2021 without the extra federal contribution.

**Chairman Martin** expressed his thanks to Director Jeppesen and the entire DHW staff for their work, especially during the pandemic, and for his responsiveness in answering questions for the Committee.

**RS 28480** **Relating to Insurance.** **Elizabeth Criner**, on behalf of the Idaho State Dental Association, introduced herself to the Committee. **Ms. Criner** explained the RS amends two sections of Idaho Code to address concerns expressed by dental providers. She stated the first change pertains to reimbursement methods such as virtual credit cards that impose fees on a dentist in order to collect payment. The RS would require that insurance companies offer at least one reimbursement method that doesn't charge the dentist a fee.

**Ms. Criner** reported the second change addresses a recent process in which a dental plan may lease its provider network to another unrelated dental plan without the dentist's knowledge or authorization. She said the practice requires a dentist to comply with contract terms and payments that may differ from the original contract.

**Ms. Criner** advised the RS would ensure that dentists receive disclosure of a provider network lease arrangement and allow the dentist to confirm or decline participation.

**MOTION:** **Senator Lee** moved to send **RS 28480** to print. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**RS 28573** **Relating to Suicide Prevention.** **Stewart Wilder**, Co-Chair, Idaho Suicide Prevention Action Collective, introduced himself to the Committee. **Mr. Wilder** said the RS would implement the National Suicide Hotline Designation Act (Act) signed into law by President Trump in October 2020. He explained the Act established 988 as a national hotline number for suicide and mental health crisis calls. **Mr. Wilder** reported the 988 number will be operational in July 2022. He explained the fee collection method will be consistent with that used for the 911 emergency communication program, and fees will support expenses related to suicide prevention efforts. **Mr. Wilder** added that the RS establishes a start date of January 1, 2022 for fee collection and provides for an annual fee review.

**DISCUSSION:** **Senator Wintrow** asked with whom Mr. Wilder worked on the legislation. **Mr. Wilder** responded he discussed the RS with the American Foundation for Suicide Prevention, several Utah legislators, and DHW representatives to gain information on infrastructure needs and the amount of funding needed. **Senator Wintrow** commented she is interested in further discussion on this issue.

**MOTION:** **Senator Wintrow** moved to send **RS 28573** to print. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

**RS 28322C1** **Relating to Virtual Care Access.** **Rick Soderquist** introduced himself to the Committee as an intern working for Chairman Martin this session. **Mr. Soderquist** explained the RS makes changes to the Idaho Telehealth Access Act (ITAA) based on the recommendations of DHW's Telehealth Task Force (TTF). He stated the TTF was formed to expand access to health care and increase telehealth utilization, including the formation of a Virtual Care Advisory Board (VCAB). **Mr. Soderquist** advised the pandemic highlighted the need for telehealth services throughout the State. He provided information on the composition of the TTF and information considered in formulating its recommendations. **Mr. Soderquist** said there is a fiscal impact to the General Fund related to the creation of the VCAB.

**DISCUSSION:** **Senator Lee** recognized the efforts of stakeholders to craft the legislation.

**Senator Agenbroad** asked whether the change in verbiage from "telehealth" to "virtual care" would negate **RS 28309** scheduled to be heard in Committee. **Mr. Soderquist** replied he would have more information on that question at the full hearing on the bill.

**MOTION:** **Senator Heider** moved to send **RS 28322C1** to print. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**RS 28309** **Relating to Telehealth.** **Tim Olson**, representing Teladoc Health, introduced himself to the Committee. **Mr. Olson** stated the RS stands on its own merits without regard to **RS 28322C1**. He advised the legislation would make a simple change to the ITAA by allowing for additional types of technology to conduct telehealth. **Mr. Olson** emphasized the technology used to assess or treat a patient must allow the practitioner to meet the Idaho community standard of care. He reported the community standard of care has changed over the years. **Mr. Olson** provided a brief history of the legislation enacted to create the current ITAA. He remarked the pandemic generated increased need and demand for telehealth services, and he reminded the Committee that provider-patient encounters must always meet the community standard of care.

**MOTION:** **Senator Zito** moved to send **RS 28309** to print. **Senator Riggs** seconded the motion.

**DISCUSSION:** **Senator Lee** stated this is the same legislation that was proposed in 2020, and she has the same concerns as last year. She asked that the Committee receive an explanation at the bill hearing of how the change would meet the community standard of care. **Senator Lee** remarked she was unpersuaded by testimony given on the bill in 2020.

**VOICE VOTE:** The motion to send **RS 28309** to print carried by **voice vote**.

**RS 28579** **Relating to Naturopathic Practitioner Licensing.** **Brody Aston**, representing the Naturopathic Physicians Association of Idaho (NPAI), introduced himself to the Committee. **Mr. Aston** stated the proposed legislation will improve access to natural health care by licensing naturopathic practitioners and will aid in delivering high-quality medical services in Idaho. He said the RS is the result of an agreement between the NPAI and the American Association of Naturopathic Physicians. The RS establishes the structure for a new licensing board but would not limit or restrict any present practitioner's ability to practice.

**MOTION:** **Senator Zito** moved to send **RS 28579** to print. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:23 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Tuesday, February 16, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
<a href="#">H 74</a>	Relating to Cities	Senator Regina Bayer
<a href="#">S 1093</a>	Relating to Physician Assistants	Kent Kunz, Idaho Academy of Physician Assistants

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)



MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, February 16, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Zito, and Wintrow

**ABSENT/ EXCUSED:** Senators Agenbroad and Stennett

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

**H 74** **Relating to Cities.** **Senator Regina Bayer** presented the bill to remove a city's authority to enforce quarantine orders for five miles beyond its corporate limits. **Senator Bayer** stated Idaho Code § 50-304 was written in 1967 when most cities abutted unincorporated areas, while today many city boundaries abut other cities. She said it is no longer necessary or advisable to extend a city's authority outside its own boundaries.

**DISCUSSION:** **Senator Harris** asked about the history of the Code language. **Senator Bayer** answered that she is unaware of the history but the law has not changed since it was enacted in 1967. She remarked that five miles outside Boise City limits at that time was completely undeveloped land.

**TESTIMONY:** **Del Chapel**, representing himself, testified in support of the bill. **Mr. Chapel** opined that it is necessary to change the definition of "quarantine," but he acknowledged that is not included in the bill before the Committee.

**DISCUSSION:** **Senator Zito** commented that a sheriff in her district expressed concern that the current law infringes upon his power to enforce laws in the county. She thanked Senator Bayer for bringing the legislation.

**MOTION:** **Senator Zito** moved to send **H 74** to the floor with a **do pass** recommendation. **Vice Chairman Riggs** seconded the motion. The motion carried by **voice vote**.

**S 1093** **Relating to Physician Assistants.** **Kent Kunz**, representing the Idaho Academy of Physician Assistants (IAPA), introduced himself to the Committee. **Mr. Kunz** described the role of a physician's assistant (PA) in providing health care. He provided information on the education and credentialing requirements to practice as a PA. **Mr. Kunz** explained the bill is needed because the requirement for a PA to have an agreement with a supervising physician is outdated and creates an unnecessary burden on PAs and health facilities. He commented the bill would replace the required delegation of services agreement with either a collaborative practice agreement between the PA and a facility or use of a facility's existing credentialing and privileging systems. **Mr. Kunz** remarked that the Idaho State Board of Medicine (BOM) would continue to license and supervise Idaho PAs. He reviewed other proposed legislative changes to remove obsolete language, specify the nature of collaboration and oversight requirements, and update locations where a PA can practice.

**J. Nathan Thompson**, President, IAPA, introduced himself to the Committee. **Mr. Thompson** stated **S 1093** would reduce unnecessary administrative and regulatory burdens on PAs, physicians, and health facilities while maintaining appropriate oversight of PAs. He said the bill will make it easier for hospitals and clinics to employ and credential PAs, and allow PAs to better meet the needs of patients. **Mr. Thompson** reported the bill would improve patient access to care, especially in rural and underserved areas of the State. He added the legislation was crafted through the efforts of multiple stakeholders.

**DISCUSSION:** **Senator Wintrow** asked how PAs are presently supervised and what will change if the bill becomes law. **Mr. Thompson** answered that a PA undergoes the same vetting process as a physician. He said PAs joining a practice must undergo a criminal background check and a practice background check for complaints, lawsuits, and substance abuse history. **Mr. Thompson** added that a credentialing committee reviews the results of reference and background checks, and if approved, the committee closely monitors the PA for 90 days. Upon successful completion of the initial 90-day period, the PA is subject to ongoing practice evaluation for the remainder of his career, he said. **Mr. Thompson** reported he also has a delegation of services agreement with one supervising physician (SP), and the physician oversight is superfluous to the other required oversight mechanisms. He commented that nurse practitioners are not required to have a similar formal relationship with a(n) SP, and oversight of that profession by medical staff works well. **Mr. Thompson** commented the physicians with whom he works are supportive of this legislation.

**Senator Wintrow** inquired why the delegation agreement is unnecessary if the supervision requirements and standard of care would not change. **Mr. Thompson** responded that the present system was put into place prior to the emergence of large health systems. He added that in the past it benefitted the physician to hire a PA and provide all the oversight and compliance. **Mr. Thompson** advised that if both the SP and PA are employed by a single entity, the existing requirement imposes an extra unnecessary burden on the SP and acts as a disincentive for physicians to hire PAs. He remarked that the SP is also required to obtain and maintain additional SP licensure. **Mr. Thompson** commented the process is unwieldy if the SP is not available for some reason or if a PA moves among multiple sites.

**TESTIMONY:** **Jared Papa**, representing IAPA, introduced himself to the Committee. **Mr. Papa** stated he is also the Program Director and Chair for the Idaho State University PA Studies Program. He has been a PA for 17 years, and in that time he has had a total of 20 SPs and alternate SPs, he said. **Mr. Papa** reported that almost every year he has a new SP, which requires new documentation to allow him to continue working in the same community for the same employers. He explained the paperwork is a burden on his employers and SPs. **Mr. Papa** advised the bill would allow him to provide continuity of care and collaborate with clinic physicians without completing new paperwork every time a change takes place. He remarked more than 165 PAs serve rural Idaho, and in some areas the PA is the only consistent health care provider. **Mr. Papa** noted that the loss of the SP could disrupt health care to the community, while the bill would allow a PA to collaborate with a group of doctors to eliminate that disruption.

**Mr. Kunz** commented that the bill is the result of several months of discussion among the Division of Occupational and Professional Licenses and other stakeholders. He thanked Anne Lawler, Executive Director, BOM, for her contributions to improving the bill. **Mr. Kunz** stated the bill will improve patient access to care, allow PAs to meet needs of patients without delays, and allow hospitals and clinics to use PAs within the facilities' existing oversight requirements.

- MOTION:** **Senator Harris** moved to send **S 1093** to the floor with a **do pass** recommendation. **Senator Zito** seconded the motion.
- DISCUSSION:** **Senator Lee** complimented the stakeholders involved in drafting the legislation for working out issues together. She expressed appreciation for their work to improve access to health care.
- Chairman Martin** commented that the Committee has made progress over the last nine years to make health care more accessible to Idahoans by better utilizing PAs and pharmacists.
- VOICE VOTE:** The motion to send **S 1093** to the floor with a **do pass** recommendation carried by **voice vote**.
- ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:37 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Thursday, February 18, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

<b>SUBJECT</b>	<b>DESCRIPTION</b>	<b>PRESENTER</b>
PRESENTATION:	State Response to Alzheimer's Disease and Related Dementia	Rakesh Mohan and Sasha O'Connell, Office of Performance Evaluations
GUBERNATORIAL REAPPOINTMENT:	Committee Consideration of the Gubernatorial Reappointment of Carol Mascarenas to the Board of Environmental Quality	Carol Mascarenas
PAGE GRADUATION:	Farewell and Thank You to Curtis Keddington	Chairman Martin

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, February 18, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:10 p.m.

**PRESENTATION:** **State Response to Alzheimer's Disease and Related Dementia. Rakesh Mohan**, Director, Office of Performance Evaluations (OPE), introduced himself to the Committee. **Mr. Mohan** thanked the groups and stakeholders who assisted in the preparation of the OPE report on the State Response to Alzheimer's Disease (AD) and Related Dementia.

**Sasha O'Connell**, Evaluator, OPE, introduced herself to the Committee. **Ms. O'Connell** reported statistics on AD in Idaho and mentioned the impact of AD on caregivers. She advised the Legislature endorsed the Idaho State Plan for Alzheimer's Disease and Related Dementias (State Plan) in 2013 to address AD and related dementias, and the OPE was asked to assess the response to the State plan. **Ms. O'Connell** said neighboring states have more robust prevention efforts and stronger system-wide oversight of dementia services.

**Ms. O'Connell** gave an overview of the OPE's two recommendations: 1.) Develop a dementia program in the Idaho Department of Health and Welfare (DHW) Division of Public Health (DPH) to develop early detection and prevention of dementia; and 2.) Develop statutory oversight that clarifies stakeholder responsibility and encourages collaboration in Idaho's prevention response. **Ms. O'Connell** defined dementia and provided information on symptoms. She commented dementia care is very expensive and often results in patients relying on Medicaid for services. **Ms. O'Connell** reported that medical research shows 45 percent of dementia is caused by modifiable risk factors. She said DPH has no employees dedicated to AD and dementia prevention, although AD is a leading cause of death.

**Ms. O'Connell** mentioned she contacted many Idaho agencies and nonprofit stakeholders, and none with whom she spoke had heard of the 2013 State Plan. She stated that progress on 9 of the 11 initiatives in the State Plan fell far short of expectations. **Ms. O'Connell** advised that no governmental entity is statutorily responsible for overseeing, updating, or executing the State Plan. She gave an overview of neighboring states' approach to addressing AD and dementia issues. **Ms. O'Connell** observed that Idaho's response is fragmented, with tasks split among several agencies. She added that data is maintained in separate databases in Idaho rather than one combined database as is common in other states. **Ms. O'Connell** noted that communication is lacking among stakeholders, and clients are easily confused about whom to contact for various services. She added that there are service gaps in dementia training,

and Idaho has no required number of dementia training hours for assisted living facility staff. **Ms. O'Connell** reported that Medicaid reimbursement rates do not adequately account for the additional time necessary to supervise dementia patients. She recommended the Legislature establish a task force with clearly defined responsibilities to ensure collaboration and ongoing accountability for outcomes. **Ms. O'Connell** stated an AD and dementia coordinator should be placed in the DPH.

#### **DISCUSSION:**

**Senator Heider** said he is concerned there is no one in the DHW to work through these issues and asked why someone is not addressing the identified problems. **Ms. O'Connell** responded that no agency was given the statutory authority or resources to follow through with recommendations.

**Senator Heider** inquired why there has been no legislation to address the issues at hand. He said it is important to care for older citizens and he is disturbed something hasn't been done. **Senator Heider** asked who has responsibility for starting the necessary legislation. **Mr. Mohan** explained that the OPE only provides information and recommendations to the Legislature, and it is the Legislature's responsibility to take policy actions. He suggested Legislators contact relevant agencies to ascertain necessary steps. **Senator Heider** commented that many Senators would be happy to carry a bill. He noted a perceived lack of concern about the issue.

**Senator Harris** reported that Senator Bair and DHW Director Dave Jeppesen are aware of the OPE report and worked on proposed legislation. They subsequently decided it would be possible to make some changes without legislation. **Senator Harris** informed the Committee that a coordinator position was added in the DPH to address the OPE's recommendations.

**Senator Martin** mentioned he was surprised to learn a few years ago that no one at the DHW had responsibility for the State's suicide prevention efforts. He added he only had to ask, and the DHW assigned someone to coordinate tasks, leading to lower suicide numbers.

**Senator Wintrow** remarked she has learned a lot from the presentation and report, and she is happy to hear the Governor's Office has made some progress. **Senator Wintrow** offered to assist in the coordination effort. She commented that the DHW responds when told of a problem but must strike a balance when advocating for policy actions. **Senator Wintrow** observed that sometimes such actions require a Legislator's involvement. **Mr. Mohan** repeated it is not appropriate for the OPE to initiate legislation, but he is pleased to hear there is interest in the issue.

**Senator Stennett** mentioned there has been federal funding available for the coordinator position for a couple of years and the structure is in place, but no one was assigned to the position.

**Vice Chairman Riggs** said the information presented by Mr. Mohan and Ms. O'Connell is in-depth and helpful, but sometimes in-depth information makes it more challenging to find a starting place. He observed it is often beneficial to identify key tasks to begin momentum. **Vice Chairman Riggs** noted the Committee is interested in participating in solutions, and he asked for OPE's assistance in prioritizing actions.

**Senator Heider** commented if there were the same number of car accidents as there are citizens living with AD, something would have been done by now. He added that he hopes the DHW and Governor's Office are hearing the concerns.

**Senator Wintrow** noted her background in project management and stated she is happy to do whatever she can to help. She added it is important for society to do a better job caring for senior citizens.

**Senator Harris** advised that DHW Director Jeppesen and Senator Bair found the system is already in place to add a coordinator to the DPH without the need for new legislation. He said the coordinator will be a good start.

**Ms. O'Connell** noted the OPE report has a chapter on policy considerations that can assist with identifying important tasks.

**Mr. Mohan** stated the Legislature took action after the OPE presentation of its report on the Child Welfare System in 2017, and Senator Lee and the Committee were instrumental in helping implement the OPE's recommendations.

**Chairman Martin** commented he has seen some significant changes in his nine years in the Legislature, particularly with regard to foster care.

**GUBERNATORIAL  
REAPPOINTMENT:**

**Committee Consideration of the Gubernatorial Reappointment of Carol Mascarenas to the Idaho Board of Environmental Quality (Board)**, of Idaho Falls, Idaho, to serve a term commencing July 1, 2020 and expiring July 1, 2024. **Ms. Mascarenas** introduced herself to the Committee and gave a brief overview of her background and service on the Board. She remarked that she has served in a number of leadership positions during her 30-year employment at the Idaho National Laboratory. **Ms. Mascarenas** mentioned she has also served as a regulator and a consultant, and these experiences allow her to bring a unique perspective to the Board.

**Senator Lee** thanked Ms. Mascarenas for her willingness to continue her Board service. She asked if Ms. Mascarenas has encountered any conflicts of interest during her time on the Board. **Ms. Mascarenas** replied that she has never been required to recuse herself from a Board decision.

**Senator Harris** inquired about future challenges for the Board and the Idaho Department of Environmental Quality. **Ms. Mascarenas** answered that Idaho's population growth adds pressure to air quality, water quality, and waste issues. She stated that creative solutions will be required in the future to avoid burdening businesses and other sole source generators.

**Chairman Martin** announced the Committee would vote on the reappointment at its next meeting.

**PAGE  
GRADUATION:**

**Curtis Keddington** gave an overview of his experience as a Senate Page. **Mr. Keddington** said he has gained knowledge that gives him an advantage over other students who did not have the opportunity.

**Chairman Martin** asked how Mr. Keddington's Senate experience differed from his expectations. **Mr. Keddington** replied that he thought there would be more bickering, and he was surprised at the level of civility.

**Senator Stennett** thanked Mr. Keddington for his work and inquired about his plans after high school graduation. **Mr. Keddington** responded that he intends to serve a two-year church mission and then study sports journalism or sports broadcasting in college. He added he has not yet decided on a college.

**Senator Lee** commended Mr. Keddington for his good service to the Committee. She suggested that Mr. Keddington attend Brigham Young University. **Senator Lee** asked about Mr. Keddington's most memorable moment serving as a page. **Mr. Keddington** advised his family is a fan of the University of Utah. He added his favorite moment was the opportunity to talk with various people and get outside his comfort zone.

**ADJOURNED:**      There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:00 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary



**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Monday, February 22, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
<b>PAGE INTRODUCTION:</b>	Page Tyler Tippets	Tyler Tippets
<b>GUBERNATORIAL REAPPOINTMENT:</b>	Vote on the Gubernatorial Reappointment of Carol Mascarenas to the Board of Environmental Quality	
<a href="#"><u>RS28655</u></a>	Relating to Health and Welfare - Unanimous Consent for Referral to a Privileged Committee for Printing	Senator Peter Riggs
<a href="#"><u>S 1092</u></a>	Relating to Medicaid	Jason Kreizenbeck, Mountain View Hospital
<b>PRESENTATION:</b>	Newborn Screening	Sarah Lopez, Program Manager, Idaho Department of Health and Welfare

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

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Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
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MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, February 22, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:00 p.m.

**PAGE INTRODUCTION:** **Tyler Tippetts** introduced himself as the Committee's page for the second half of the Legislative Session. **Mr. Tippetts** stated he graduated from high school in January, and he plans to serve a church mission prior to attending college. He remarked that his favorite pastime is skiing, and he recently took up knife building. **Mr. Tippetts** commented that he is excited to be serving as a page.

**GUBERNATORIAL REAPPOINTMENT:** **Chairman Martin** called for the vote on the gubernatorial reappointment of Carol Mascarenas to the Board of Environmental Quality.

**MOTION:** **Senator Lee** moved to send the gubernatorial reappointment of Ms. Mascarenas to the floor with the recommendation that she be confirmed by the Senate. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**RS 28655** **Unanimous Consent Relating to Health and Welfare.** **Vice Chairman Riggs** stated the RS more clearly defines terms related to powers of the director of the Idaho Department of Health and Welfare (DHW) in Idaho Code § 56-1003. **Vice Chairman Riggs** commented that the pandemic and related emergency orders brought forth some issues requiring clarification.

**DISCUSSION:** **Senator Wintrow** asked what process Vice Chairman Riggs followed and with whom he worked to draft the legislation. **Vice Chairman Riggs** responded that he researched specific citations to Idaho Code included in various orders, and he thought some definitions required clarification. **Vice Chairman Riggs** said he worked with the Governor's Office, DHW Director Dave Jeppesen (Director), and the DHW Board of Health and Welfare. **Senator Wintrow** inquired about the three-day court process mentioned in the RS. **Vice Chairman Riggs** answered that under existing law, someone placed under an order of isolation by the Director has no due process rights. The RS provides for an expedited court proceeding for an affected citizen to challenge an order, he said.

**Senator Stennett** asked if Vice Chairman Riggs actually met with the Director and a representative from the Governor's Office, and she inquired whether any definitions presently exist in the law. **Vice Chairman Riggs** replied that he met with the Director and various staff members from the Governor's Office to better understand the existing definitions. He provided an example of the State of Idaho's definition of "quarantine," which refers to structures and places, while the definition used by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention relates to humans. **Senator Stennett** asked if the new definitions will conflict with any other sections of Idaho Code. She added she is concerned about consistency and the need for the changes. **Vice Chairman Riggs** remarked that the definitions do not conflict with any other sections of Idaho Code.

**Senator Stennett** stated the three-day requirement for a court hearing seems like an odd number and mentioned it could be too short a time for some illnesses and too long for others. **Vice Chairman Riggs** explained a person under an isolation order would have three days to request a review of the order but must remain in isolation during the three-day period. He said the Director must show clear and convincing evidence of the need for the order.

**Senator Stennett** inquired if the bill would be returned to the Committee for a full hearing if it is printed. She commented the Legislative Session is past the halfway point and asked the reason for the delay in bringing the legislation. **Vice Chairman Riggs** responded that the bill would return to the Committee if it is printed. He said it was a lengthy process to fully research Idaho Code to determine any possible conflicts. **Vice Chairman Riggs** added that the interested parties with whom he spoke think the bill is an improvement to the Idaho Code. **Senator Stennett** asked who initiated the legislation. **Vice Chairman Riggs** answered that he initiated the RS because he found deficiencies and lack of clarity in Idaho Code when reviewing emergency orders and other documents to inform his positions on various bills. **Vice Chairman Riggs** remarked that it was a lengthy task to clean up and clarify the definitions.

**Senator Lee** stated she supports the RS and the proposed process. She agreed the three-day period seems like a short time, but the existing law allows an unelected official to confine a person at home under penalty of a misdemeanor. **Senator Lee** compared the process to a criminal proceeding in which the arrested person is entitled to an arraignment within 48 hours. She commented that the Director has not acted arbitrarily, but there must be clear and convincing evidence that a person must not leave their place of residence. **Senator Lee** advised that a health order should be in effect based on the diagnosis and health risk, or for the time necessary to remediate a health issue. She reported that the only remedy in the existing law is to file a court case, wait for a hearing, and wait for the court to issue a ruling. **Senator Lee** said the bill will prevent illegal orders and clarify the Director's statutory duties.

**Senator Harris** remarked that the bill was drafted and revised several times since the beginning of the session. He added that Vice Chairman Riggs did a good job working with Legislators and the Director. **Senator Harris** opined that it is a good bill that needs to move forward.

**Senator Stennett** commented that she did not previously see the RS and was unaware of its history. She thanked Senator Lee for explaining the rationale for the RS. **Senator Stennett** inquired how the RS would affect the Director's ability to quarantine large groups of people due to a severe outbreak or manage a deadly situation. **Senator Lee** responded that the definitions do not contemplate the Director managing such an event. She explained this provision of Idaho law applies to individuals named in a health order. **Senator Lee** said the government's role in a health outbreak is to educate the public about symptoms and best practices to prevent infection. She likened the process to handling a recall of contaminated lettuce. **Senator Lee** advised that customers are encouraged to throw away affected product, but no one goes door-to-door to pick up the lettuce. She stated that a health order will withstand judicial review if it is based on sufficient evidence, and the new definitions will help limit the likelihood of court proceedings.

**MOTION:**

**Vice Chairman Riggs** asked unanimous consent to send **RS 28655** to a privileged committee for printing. There were no objections.

**S 1092**

**Relating to Medicaid.** **Jason Kreizenbeck**, representing Mountain View Hospital, introduced himself to the Committee. **Mr. Kreizenbeck** explained the proposed legislation would allow new Idaho hospitals to be reimbursed for Medicaid services at 91 percent of service cost for 36 months after opening and attaining Centers for Medicare and Medicaid Services (CMS) accreditation. He reported that new hospitals would work with the DHW to establish a value-based payment method for Medicaid services after the initial 36 months. **Mr. Kreizenbeck** reviewed the provisions of the bill. He reported the fiscal impact is difficult to ascertain because the Medicaid reimbursement rate could vary based on the type of hospital, location, size, and mix of services.

**DISCUSSION:**

**Senator Agenbroad** commented that the legislation makes sense. He asked whether a hospital would have the option to move to value-based reimbursement in fewer than 36 months. **Mr. Kreizenbeck** responded the bill would allow a hospital the choice to move to that reimbursement method sooner. **Senator Agenbroad** asked Mr. Kreizenbeck to review the bill to verify that is correct. **Mr. Kreizenbeck** advised the legislation would allow for but not require a 36-month period. He agreed to consider changing the language if it is unclear. **Senator Agenbroad** remarked he is content with the present language but wants to make sure a new hospital has the option.

**Senator Lee** mentioned she likes the legislation and wants flexibility for hospitals. She asked if a new hospital must be CMS-accredited to be eligible for Medicaid reimbursement. **Mr. Kreizenbeck** answered in the affirmative. He added that the bill's proponent chose the 91 percent figure because it is the current Medicaid reimbursement rate.

**Senator Lee** inquired about the average time period required for a hospital to attain accreditation. **James Adamson**, Chief Executive Officer, Mountain View Hospital, introduced himself to the Committee. **Mr. Adamson** responded that the CMS accreditation process takes 90 to 180 days. **Senator Lee** requested confirmation that a new hospital must wait 180 days before receiving Medicaid reimbursement. **Mr. Adamson** stated that a new hospital does not receive Medicaid reimbursement until the accreditation process is complete, and it is possible for a new hospital to be open for 90 to 180 days without receiving any Medicaid payments.

**MOTION:**

**Senator Heider** moved to send **S 1092** to the floor with a **do pass** recommendation. **Vice Chairman Riggs** seconded the motion. The motion carried by **voice vote**.

**PRESENTATION:**

**Newborn Screening.** **Senator Wintrow** introduced the presentation regarding spinal muscular atrophy (SMA), a rare genetic disease that impacts newborn babies. **Senator Wintrow** stated she met Hayley McDonald, who lost her 7-month-old daughter because her doctors did not diagnose SMA early enough. **Senator Wintrow** said she investigated the newborn screening tests conducted in Idaho and wants to raise awareness about the importance of newborn screening.

**Sarah Lopez**, Newborn Screening and Children's Special Health Programs Manager, DHW, introduced herself to the Committee. **Ms. Lopez** provided information on the importance of newborn screening and the types of screening conducted in Idaho. She commented that Idaho screens for 47 conditions, and newborn screening saves 20 to 30 lives per year in Idaho. **Ms. Lopez** explained the voluntary Idaho newborn screening process consists of two screenings at 24 to 48 hours after birth and then at 10 to 14 days. She provided the mission of the Idaho Newborn Screening Program (Program). **Ms. Lopez** stated that the Program will change contracted laboratories on April 1, 2021 to improve timeliness of screening.

**DISCUSSION:**

**Senator Stennett** asked if two newborn screenings are sufficient and whether more would be better. **Ms. Lopez** answered the standard of care is two screenings. She added that some states are reverting to only one screening.

**Chairman Martin** asked for confirmation that SMA screening will be added. **Ms. Lopez** replied that adding the SMA screening is under consideration. **Chairman Martin** asked whether a law change is required to add a screening and why the DHW does not presently include screening for SMA. **Ms. Lopez** replied that a group of medical specialists meet quarterly to provide recommendations on newborn screenings, and DHW can add a condition without seeking a law change.

**Senator Wintrow** thanked Ms. Lopez for her work. She asked how Idaho differs from other states in determining the screenings to be conducted and who pays for them. **Ms. Lopez** answered that Idaho providers are responsible to pay for the screening cards in advance and then obtain reimbursement, which is the process followed in 10 percent of states. **Senator Wintrow** commented she would like the Committee to investigate best practices to pay for newborn screenings to avoid unintentionally missing lifesaving diagnoses.

**Chairman Martin** asked whether screening tests are required in the case of a home birth. **Ms. Lopez** replied that all birth attendants are required to purchase collection kits and provide newborn screening.

**PRESENTATION:**

**Hayley McDonald** introduced herself and her husband, Bill McDonald, to the Committee. **Ms. McDonald** described her family's experience with their daughter Liv, who passed away from SMA in 2017 at the age of 7 months. She explained the cause and effects of SMA, and she stated Liv's life was shortened because the doctors did not immediately diagnose SMA. **Ms. McDonald** urged support for adding SMA screening to the Idaho screening panel.

**Senator Stennett** thanked Ms. McDonald for sharing her story. She inquired about treatment options if Liv were diagnosed earlier. **Ms. McDonald** replied that certain treatments exist that can preserve motor neurons and slow the disease's progression if administered soon after birth.

**Senator Wintrow** commented that she is moved by Ms. McDonald's passion and efforts to raise awareness of SMA and the need for newborn screening.

**Senator Lee** said she appreciates hearing Liv's story. She mentioned another group of parents who presented information on cytomegalovirus (CMV) in a previous Legislative Session, and as a result, DHW now makes CMV information available to expectant mothers.

**Chairman Martin** thanked the McDonalds for bringing the issue to the Committee's attention.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:59 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Wednesday, February 24, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
MINUTES APPROVAL:	Meeting of February 10, 2021	Senator Abby Lee
<a href="#">H 115</a>	Relating to Hospitals	Representative Rod Furniss Toni Lawson, Idaho Hospital Association
<a href="#">S 1126</a>	Relating to Virtual Care Access	Rick Soderquist

***Public Testimony Will Be Taken by Registering Through the Following Link:***  
***[Registry to Testify](#)***

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

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MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, February 24, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senator Harris

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:03 p.m.

**MINUTES APPROVAL:** **Senator Lee** moved to approve the Minutes of February 10, 2021. **Vice Chairman Riggs** seconded the motion. The motion carried by **voice vote**.

**H 115** **Relating to Hospitals. Representative Rod Furniss** introduced himself to the Committee. **Representative Furniss** advised he brought **H 115** at the request of several hospitals due to concerns about conflicts of interest with hospital district boards of trustees and difficulty in finding candidates to fill vacant trustee positions. He reviewed the proposed legislative changes addressing those issues, and he added the bill clarifies terminology for consistency with the Idaho Constitution and other provisions of Idaho Code.

**DISCUSSION:** **Senator Agenbroad** inquired whether the language on page 2, lines 6 through 7, would restrict a health district trustee from also serving on a facility's board of directors. He said he does not read that verbiage and asked if a board restriction was included elsewhere in the bill.

**Josh Scholer**, representing the Idaho Hospital Association (IHA), introduced himself to the Committee to respond to Senator Agenbroad's question. **Mr. Scholer** confirmed Senator Agenbroad's reading of the bill is correct, and he stated the bill does not restrict a trustee from serving on a competing facility's board of directors.

**TESTIMONY:** **Mr. Scholer** testified in support of **H 115** and said the IHA fully supports the legislation. He briefly restated the proposed changes to Idaho Code and thanked Representative Furniss for his presentation of the bill.

**Daniel Rose**, representing himself, testified in opposition to **H 115**. **Mr. Rose** opined that the bill would allow private hospitals to be unlawfully funded with tax dollars. He suggested adding a prohibition against corporate officers and directors serving on a hospital district board of trustees and explained his rationale for the suggested revision.

**Mr. Scholer** remarked that the bill does not address how tax dollars may be used, it merely prohibits competitors in the same service area from serving on a hospital district board of trustees.

**MOTION:** **Senator Lee** moved to send **H 115** to the floor with a **do pass** recommendation. **Senator Heider** seconded the motion. The motion carried by **voice vote**.



**Relating to Virtual Care Access.** **Rick Soderquist**, Senate intern for Chairman Martin, introduced himself to the Committee. **Mr. Soderquist** stated that the bill is the result of work done by the Idaho Department of Health and Welfare's Telehealth Task Force (TTF) to revise the Idaho Telehealth Access Act (Act). **Mr. Soderquist** explained the bill changes the term "telehealth" to "virtual care" throughout the Act to incorporate technological advances and create consistency among providers. He said the legislation establishes a virtual care advisory board (VCAB) to increase utilization of virtual care in Idaho.

**Senator Agenbroad** asked if the term "telehealth" exists elsewhere in Idaho Code, and if so, how the terminology change would affect other statutes. **Mr. Soderquist** responded that the definition of "telehealth" will not change and will be included under the definition of "virtual care."

**Krista Stadler**, Senior Director, Telehealth and Virtual Care Services, St. Luke's Health System, introduced herself to the Committee on behalf of the TTF. **Ms. Stadler** listed the entities and community members represented on the TTF who served as subject matter experts. The TTF created an action plan to improve adoption and utilization of telehealth in Idaho, she said. **Ms. Stadler** explained that, in addition to changing terminology to "virtual care" and creating the VCAB, the bill clarifies provider-patient relationships, requirements for virtual prescribing, and enforcement and discipline of licensees. **Ms. Stadler** related several stories of positive patient health outcomes resulting from virtual care and provided statistics demonstrating its benefits.

**Chairman Martin** asked about the increase in Idaho usage of virtual care in the last year. **Ms. Stadler** answered that the statistics show a 3,000 to 6,000 percent increase in virtual care. **Chairman Martin** thanked Ms. Stadler for her work on the TTF.

**TESTIMONY:** **Tammy Payne**, representing Right to Life of Idaho, testified in opposition to **S 1126**. **Ms. Payne** commented her husband benefited from telehealth services during the pandemic. She said her group opposes the bill because it would allow virtual prescribing of abortifacients due to their classification as contraceptives. **Ms. Payne** asked that the bill be revised to prohibit prescription of abortifacients.

**DISCUSSION:** **Senator Lee** asked if Right to Life Idaho opposes contraceptives. **Ms. Payne** responded that her group does not take a position on contraceptives, just abortifacients. **Senator Lee** inquired whether Right to Life of Idaho considers birth control pills to be abortifacients. **Ms. Payne** answered no.

**Senator Stennett** remarked that she appreciates hearing real-life stories of the benefits of telehealth. She asked if telehealth benefited Ms. Payne's family. **Ms. Payne** replied that it was helpful to her husband during the pandemic.

**Senator Wintrow** requested clarification that Right to Life of Idaho takes no position on contraception. **Ms. Payne** confirmed that is correct and added that her group did not oppose other contraception-related legislation.

**TESTIMONY:** **Susan Keller**, Chief Executive Officer, Idaho Medical Association, testified in support of **S 1126**. **Ms. Keller** commented she served on the TTF with other stakeholders to conduct a comprehensive review of Idaho telehealth policy. She mentioned her records reflect the pandemic resulted in a 17,000 percent increase in telehealth usage over one year. **Ms. Keller** said the bill will help maintain and expand use of virtual care and ensure patient safety.

**Mike Reynoldson**, representing Blue Cross of Idaho (BCI), testified in support of **S 1126** with the exception of the section related to the VCAB. **Mr. Reynoldson** expressed concern that insurers are not included in the list of required VCAB members. He provided statistics on the number of telehealth claims processed by BCI since March 2020. **Mr. Reynoldson** stated BCI presently facilitates coordination and outreach related to telehealth, and he opined a new government board is unnecessary. He suggested the bill be revised to delete the language specifying VCAB membership.

**DISCUSSION:**

**Chairman Martin** asked for clarification on why BCI considers the VCAB unnecessary. **Mr. Reynoldson** answered that government sometimes gets in the way of advancing technology. He commented that the original statutory definition of "telehealth" delayed its adoption in Idaho. **Chairman Martin** inquired if it would be helpful to have insurance providers specified as members of the VCAB to allow for further improvements to the Act. **Mr. Reynoldson** replied that it would be helpful. **Chairman Martin** mentioned the members of the TTF were strictly prescribed, and the goal of **S 1126** was to broaden membership in the VCAB. He added the language might be too broad.

**Senator Wintrow** asked if the increase in virtual care impacted reimbursement rates. **Mr. Reynoldson** responded that, because of the pandemic, BCI does not presently require a copay for virtual care visits. He added that BCI pays providers at the same rate for a telehealth visit as an in-office visit. **Mr. Reynoldson** advised that BCI does not want to be mandated to pay providers the same rate for a telehealth visit as an in-person visit. He commented that use of technology could lower the cost of health care. **Senator Wintrow** asked how insurers will develop virtual care reimbursement rates for health care providers to compensate for their time and office overhead expenses. **Mr. Reynoldson** answered that is a big issue because emerging technologies are disrupting present practices, and the future is unknown.

**Senator Zito** inquired if a market-driven system could handle telehealth issues if there is no VCAB. **Mr. Reynoldson** replied that market forces would continue without the VCAB. **Senator Zito** asked whether safety regulations and precautions would ensure patient safety without a VCAB. She added she supports virtual care. **Mr. Reynoldson** answered that the medical industry is heavily regulated and the VCAB will not change that fact. He remarked the bill refers to the community standard of care, which is an important component. **Senator Zito** asked if there is any advantage to having the VCAB. **Mr. Reynoldson** replied that he believes any topics discussed by the VCAB would be adequately addressed in other venues.

**Senator Agenbroad** advised he supports telehealth, and he mentioned the bill repeals the definition of "telehealth." He asked whether Idaho Code should include that definition. **Mr. Reynoldson** responded that the change in terminology is not problematic, and he does not have a strong opinion about the need to define "telehealth" in Idaho Code.

**TESTIMONY:**

**Dr. Brooke Fukuoka**, representing herself and the Idaho State Dental Association, testified in support of **S 1126**. **Dr. Fukuoka** said the bill sets forth clear guidelines and establishes jurisdiction over virtual care in Idaho. She opined the VCAB will be an excellent tool for collaboration with other practice areas. **Dr. Fukuoka** commented she provides asynchronous telehealth services but does not charge for them because they are presently not reimbursed. She approved of the revisions to the Act regarding the standard of care and stated that compensation for her services should be the same whether conducted in person or virtually.

**Dr. Scott Dunn**, representing the Idaho Academy of Family Physicians, testified in support of **S 1126**. **Dr. Dunn** commented his family practice telehealth usage expanded dramatically since the onset of the pandemic. He reported that technology is advancing quickly, and he stated the bill will allow for flexibility and an arena for practitioner collaboration free from antitrust issues. **Dr. Dunn** remarked he must provide the same level of care for in-person and telehealth services, and his medical records and office requirements are unchanged despite increased usage of virtual care.

**Dr. Bessie Katsilometes**, representing the American Association of Retired Persons-Idaho, testified in support of **S 1126**. **Dr. Katsilometes** highlighted the importance of telehealth to older Idahoans and their family caregivers during the pandemic. She added the bill will increase virtual care opportunities. **Dr. Katsilometes** expressed concern that a patient advocate is not identified in the list of required members of the VCAB.

**Dr. Boyd Southwick**, representing himself, testified in support of **S 1126**. **Dr. Southwick** explained the pandemic was the catalyst for him to begin providing health care through telemedicine. He remarked that telehealth is especially helpful for his elderly patients with mobility issues. **Dr. Southwick** advised that certain mental health conditions lend themselves to telehealth treatment. He stated his approval of the VCAB.

**Dr. Chad Yates**, representing the Idaho Counseling Association, testified in support of **S 1126**. **Dr. Yates** gave an overview of his professional background and experience providing telehealth services. He advised that telehealth counseling is equivalent to in-person office visits. **Dr. Yates** remarked that the VCAB is necessary to advocate for virtual care and advance best practices while ensuring patient safety.

**Dr. Michelle Anderson**, representing Nurse Practitioners of Idaho, testified in support of **S 1126**. **Dr. Anderson** stated the bill will provide adequate patient safeguards and improve access to health care, especially in rural areas. She commented the proposed legislation will allow nurse practitioners to practice to the full extent of their licensure. **Dr. Anderson** expressed support for the VCAB and requested nurse practitioner representation on the VCAB.

**Mr. Soderquist** concluded by stating the bill carries a fiscal impact of \$21,250 for personnel costs and \$4,000 for operating costs to administer the VCAB.

**DISCUSSION:** **Chairman Martin** commented that patient advocates, nurse practitioners, and insurers asked to participate on the VCAB. He expressed his hope that these stakeholders will be included as VCAB members.

**Senator Lee** agreed that these stakeholders should be part of the VCAB. She added the Committee can signal this expectation to the Idaho Department of Health and Welfare. **Senator Lee** remarked the issue could be addressed in future legislation if necessary.

**MOTION:** **Senator Lee** moved to send **S 1126** to the floor with a **do pass** recommendation. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**. **Senator Zito** requested that she be recorded as voting nay.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:20 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Monday, March 01, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
MINUTES	Meeting of February 15, 2021	Senator Agenbroad
APPROVAL:	Meeting of February 16, 2021	Senator Riggs
	Meeting of February 18, 2021	Senator Zito
<a href="#">H 208</a>	Relating to Pharmacists	Representative Marco Erickson
<a href="#">S 1139</a>	Relating to Health and Welfare	Senator Riggs

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, March 01, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:01 p.m.

**MINUTES APPROVAL:** **Senator Agenbroad** moved to approve the Minutes of February 15, 2021. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

**Senator Riggs** moved to approve the Minutes of February 16, 2021. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**Senator Zito** moved to approve the Minutes of February 18, 2021. **Senator Riggs** seconded the motion. The motion carried by **voice vote**.

**H 208** **Relating to Pharmacists.** **Representative Marco Erickson**, District 33, introduced himself to the Committee. **Representative Erickson** stated the bill updates the Idaho Pharmacy Act to remove a provision that the Governor waived during the pandemic. He explained the bill will allow pharmacists to continue prescribing compounded drugs and vaccines developed for emergency use that do not have federal Food and Drug Administration labeling. **Representative Erickson** commented there is no fiscal impact to the General Fund or the Idaho State Board of Pharmacy dedicated fund. He added that the State has adopted robust oversight regulations for pharmacists.

**MOTION:** **Senator Wintrow** moved to send **H 208** to the floor with a **do pass** recommendation. **Senator Zito** seconded the motion.

**TESTIMONY:** **Rob Geddes**, on behalf of Albertsons Pharmacy, testified in support of the bill. **Mr. Geddes** remarked that the State of Idaho is recognized as a national leader in utilizing pharmacists to expand economical patient access to care.

**Jennifer Adams**, Associate Dean for Academic Affairs, College of Pharmacy, Idaho State University, testified in support of the bill. **Ms. Adams** thanked the Committee for its support of the pharmacy profession. She stated that pharmacy colleges nationwide have trained pharmacy students to provide this increased level of care for the last 20 years.

**DISCUSSION:** **Chairman Martin** asked if Idaho pharmacists have been compounding medications for a long time. **Ms. Adams** answered yes, and she added that in some states, pharmacists work collaboratively with physicians. **Ms. Adams** remarked the legislation will allow pharmacists to continue providing necessary care during a pandemic.

**VOICE VOTE:** The motion to send **H 208** to the floor with a **do pass** recommendation carried by **voice vote**.

**S 1139**

**Relating to Health and Welfare.** **Vice Chairman Riggs** presented the bill and explained it revises the definitions of "quarantine" and "isolation," and adds definitions for "biological agent," "chemical agent," "medically unknown symptoms," and "restricted access." **Vice Chairman Riggs** stated the bill clarifies the power of the Director of the Idaho Department of Health and Welfare (DHW), as it relates to issuing health orders, and it adds a process for an affected person to challenge a health order issued by the Director. He reported the bill is not a reaction to any event but rather arises from knowledge and experience gained during the pandemic. **Vice Chairman Riggs** advised the definitions will better align with guidelines from the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services (HHS).

**DISCUSSION:**

**Chairman Martin** inquired about the source of the definitions on the bottom of page 4 of the bill. **Vice Chairman Riggs** replied that the definitions are used by the CDC, HHS, the World Health Organization, and others. **Vice Chairman Riggs** commented that he expanded on the definitions to make sure they are clear and enforceable under Idaho Code.

**Chairman Martin** pointed out lines 27 to 40 on page 5 of the bill and asked Vice Chairman Riggs to review the sequence of events for a person to request court review of a health order. **Vice Chairman Riggs** explained the bill provides a person under an order of quarantine or isolation recourse through the court system to terminate the order. He added there is no such process under the current law.

**Senator Lee** remarked that an order of isolation or quarantine issued by the Director requires a person to stay in his or her home under penalty of a misdemeanor. She reported the current law provides no remedy for what amounts to a civil detainer order. **Senator Lee** stated a court would be required to hold a hearing within three days of the aggrieved person's request. She mentioned the standard to prove the validity of an order is clear and convincing evidence. **Senator Lee** advised the law gives appropriate powers to the Director but the bill clarifies and puts sideboards on those powers.

**Senator Wintrow** asked Vice Chairman Riggs to identify the specific changes in the bill relating to the Director's authority. **Vice Chairman Riggs** pointed out new and revised definitions on page 1 of the bill and explained the bill will clarify the appeal process. **Senator Wintrow** remarked that the bill contains a number of strikethroughs and additions in Subsection 2 on the top of page 3. She stated her question relates to how the changes affect the Director's authority, not the process. **Vice Chairman Riggs** explained that Subsection 2 deletes language referencing codes and standards because the Director does not have authority to create or remove any codes. He added that no standards exist except for food safety standards that appear in a separate section of Idaho Code. **Vice Chairman Riggs** said this is merely cleanup language.

**Senator Lee** affirmed that the only standards existing in statute relate to food safety, and the DHW agrees. The bill does not remove the DHW Board of Health and Welfare's authority to promulgate temporary emergency rules, she said.

**Senator Lee** commented that public health districts and cities have authority to protect citizens at the local level. She noted that Statewide orders from the DHW should be educational, with the exception of orders for quarantine, isolation, and restricted access. **Senator Lee** stated the strikethrough language removes superfluous words that could cause confusion if there is a Statewide order.

**MOTION:**

**Senator Harris** moved to send **S 1139** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:28 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Monday, March 08, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
<b>MINUTES</b>	Meeting of February 22, 2021	Senator Harris
<b>APPROVAL:</b>	Meeting of February 24, 2021	Senator Lee
	Meeting of March 1, 2021	Senator Riggs
<b>PRESENTATION:</b>	Idaho Children are Primary - Primary Legislator Award February 2021	Patricia Kempthorne, Jarom Wagoner, and Diane Schwarz, Idaho Children Are Primary
<a href="#"><u>H 233</u></a>	Relating to Juveniles	Representative Marco Erickson
<b>GUBERNATORIAL APPOINTMENT:</b>	Committee Consideration of the Gubernatorial Appointment of Chad Henggeler to the State Board of Health and Welfare	Chad Henggeler

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)



MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, March 08, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senator Agenbroad

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:02 p.m.

**MINUTES APPROVAL:** **Senator Harris** moved to approve the Minutes of February 22, 2021. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**Senator Lee** moved to approve the Minutes of February 24, 2021. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

**Senator Riggs** moved to approve the Minutes of March 1, 2021. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**PRESENTATION:** **Idaho Children Are Primary - Primary Legislator Award February 2021.** **Patricia Kempthorne, Jarom Wagoner, and Diane Schwarz**, representing Idaho Children Are Primary (ICAP), introduced themselves to the Committee to present the Primary Legislator Award for February 2021 to Senator Lee for her work on behalf of Idaho children. They described ICAP's mission and mentioned Senator Lee's service to improve the foster care system, children's mental health services, and public school security and education programs.

**Senator Lee** said she is humbled and honored, and she thanked ICAP for the award. She recognized Senator Wintrow and the Committee for their support of children's issues.

**Chairman Martin** stated he is aware of and appreciates Senator Lee's work on behalf of children.

**Senator Wintrow** commented that Senator Lee is a role model and leader in the Legislature, and she has a heart for children. **Senator Wintrow** added that it is an honor to work with her.

**H 233** **Relating to Juveniles.** **Representative Marco Erickson**, District 33, presented **H 233**, which adds a new section to the Children's Mental Health Services Act to address a Statewide issue affecting Idaho families. **Representative Erickson** explained some parents face child abandonment charges or investigations for abuse or neglect when they take their children with severe emotional disturbances to an inpatient health facility. He stated that the bill prevents removal of a child from their parents' custody without evidence of abuse or neglect, and it directs the Idaho Department of Health and Welfare (DHW) to assemble a team to address the family's needs in collaboration with other agencies. He noted that the Statement of Purpose (SOP) contains an incorrect statute reference.

<b>DISCUSSION:</b>	<p><b>Senator Lee</b> thanked Representative Erickson for his work on the bill and asked for clarification on the incorrect reference. <b>Representative Erickson</b> replied that the SOP should reference the Children's Mental Health Services Act.</p> <p><b>Vice Chairman Riggs</b> commented it is a challenge to modify Idaho Code to address new problems. He stated the bill is a noble effort to update statutes to meet modern standards. <b>Representative Erickson</b> answered that he was just one of a number of people who worked on the bill.</p> <p><b>Senator Harris</b> commended Representative Erickson for his efforts to tackle the issue, and he added that he did a good job with the bill.</p>
<b>TESTIMONY:</b>	<p>The Committee received written and in-person testimony in support of <b>H 233</b> from the following: Laura Wallis, Sarah Wallis, Jennifer Zielinski, Brittany Shipley, Jessica Spendlove, Amanda Holloway, and a parent who wished to remain anonymous. Their reasons for supporting the bill included:</p> <ul style="list-style-type: none"> <li>• Parents of children with behavioral health issues won't be punished for seeking inpatient health care.</li> <li>• The bill closes a gap in the system to help keep families safe and whole.</li> <li>• Children in need will have expanded mental health treatment options.</li> <li>• Behavioral and mental health problems should be treated the same as physical health issues.</li> </ul>
<b>MOTION:</b>	<p><b>Senator Harris</b> moved to send <b>H 233</b> to the floor with a <b>do pass</b> recommendation. <b>Senator Wintrow</b> seconded the motion.</p>
<b>DISCUSSION:</b>	<p><b>Senator Lee</b> thanked participants for their testimony. She observed the need to balance protecting neglected and abused children with providing resources for families who deal with unimaginable circumstances.</p>
<b>VOICE VOTE:</b>	<p>The motion to send <b>H 233</b> to the floor with a <b>do pass</b> recommendation carried by <b>voice vote</b>.</p>
<b>GUBERNATORIAL APPOINTMENT:</b>	<p><b>Committee Consideration of the Gubernatorial Appointment of Chad Henggeler to the State Board of Health and Welfare</b>, of Fruitland, Idaho, for a term commencing February 17, 2021, and expiring January 1, 2023. <b>Mr. Henggeler</b> introduced himself to the Committee and gave a brief overview of his background. He said he served on the Governor's Economic Rebound Advisory Committee and learned quite a bit about the DHW, and he looks forward to serving on the State Board of Health and Welfare (Board).</p>
<b>DISCUSSION:</b>	<p><b>Senator Wintrow</b> inquired about Mr. Henggeler's qualifications to serve on the Board. <b>Mr. Henggeler</b> replied that he has no health training but will bring an employer perspective to balance the Board's membership. He added that he has no biases and is willing to learn.</p> <p><b>Senator Stennett</b> asked if Mr. Henggeler finds any conflict between DHW's actions during the pandemic and the impact of those actions on his business. <b>Mr. Henggeler</b> responded that he knows of no conflict. He described the health measures he undertook at his business. He stated he thinks the DHW did a very good job during the pandemic and he has no issues with any of its decisions.</p> <p><b>Senator Lee</b> advised that Mr. Henggeler is her friend and neighbor, and he was a role model during the pandemic for how businesses should respond. She added that he and his family have worked to improve the community for generations.</p>

**Chairman Martin** said a number of health professionals serve as members of the Board. He opined it is helpful to have a Board member with a business background to represent the interests of the business community.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:48 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Tuesday, March 09, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
GUBERNATORIAL APPOINTMENT VOTE:	Vote on the Gubernatorial Appointment of Chad Henggeler to the State Board of Health and Welfare	
<a href="#">S 1128</a>	Relating to Naturopathic Practitioner Licensing	Brody Aston, Naturopathic Physicians Association of Idaho

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, March 09, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:10 p.m.

**GUBERNATORIAL APPOINTMENT VOTE:** **Senator Agenbroad** moved to send the Gubernatorial appointment of Chad Henggeler to the State Board of Health and Welfare (Board) to the floor with the recommendation that he be confirmed by the Senate. **Senator Heider** seconded the motion.

**DISCUSSION:** **Chairman Martin** noted that Mr. Henggeler has no health experience on his resume, but the Board already has several medical professionals as members and would benefit from including a business person. He stated Mr. Henggeler will learn a lot and be an asset to the Board.

**Senator Stennett** agreed with Chairman Martin's comments and added that she was impressed with Mr. Henggeler's answer about his handling of COVID-19 safety protocols at his packing company. She said he sounds thoughtful and will be helpful to the Board.

**VOICE VOTE:** The motion to send the Gubernatorial appointment of Mr. Henggeler to the floor with the recommendation that he be confirmed by the Senate carried by **voice vote**.

**S 1128** **Relating to Naturopathic Practitioner Licensing.** **Brody Aston**, representing the Naturopathic Physicians Association of Idaho (NPAI), introduced himself to the Committee. **Mr. Aston** stated that **S 1128** will improve access to health care and protect the public by licensing naturopathic practitioners according to their education, skills, and abilities. He explained that legislation passed in 2019 provided for licensing some naturopathic practitioners, and the bill creates a structure to license the remaining naturopaths who want to be licensed. **Mr. Aston** stated that the NPAI has had numerous conversations with stakeholders regarding necessary changes to the bill. He asked that the Committee send it to the 14th Order of Business for possible amendment.

**MOTION:** **Senator Zito** moved to send **S 1128** to the 14th Order of Business for possible amendment. **Senator Heider** seconded the motion.

**DISCUSSION:** **Chairman Martin** stated his intent to hear public testimony prior to the vote on the motion. He added that if the motion succeeds and the bill is significantly amended by the Senate, he will ask to have it returned to the Committee for a hearing on the amended bill.

**Senator Wintrow** commented she would appreciate hearing testimony to ensure stakeholder concerns are addressed in the amendments. **Chairman Martin** agreed that testimony might help the stakeholders reach consensus. He added that the bill likely must be amended in order to achieve success in both houses of the Legislature.

**TESTIMONY:**

**Kris Ellis**, representing the Idaho Chapter of the American Association of Naturopathic Physicians (AANP), introduced herself to the Committee. **Ms. Ellis** testified in opposition to **S 1128** for the following reasons:

- Some traditional naturopaths do not want to be licensed and might be put out of business.
- Naturopaths who obtained a degree from a four-year medical program and passed a national exam are already licensed.
- The bill does not address concessions made by the AANP during consideration of the 2019 licensing legislation.

**Ms. Ellis** suggested that traditional naturopaths who do not presently qualify for licensure could instead be registered with the State. She requested that the AANP be included in discussions on possible amendments to the bill.

**DISCUSSION:**

**Senator Wintrow** asked what it would mean to be registered. **Ms. Ellis** responded the State could maintain a list of Idaho natural care providers who were fingerprinted and passed a criminal background check. She added if there was a complaint, the State could revoke the registration and possibly take disciplinary action against the registrant. **Senator Wintrow** suggested that the Idaho Division of Occupational and Professional Licenses (DOPL) address a possible registration process.

**Nicki Chopski**, Health Professions Section Chief, DOPL, introduced herself to the Committee to respond to Senator Wintrow's question. **Dr. Chopski** replied that DOPL would have to carefully consider the issue of registration versus licensure because the terms can be confusing to the public. She reported the bill should be amended to ensure the scope of practice for each profession is well defined. **Dr. Chopski** advised that DOPL would look at national education accreditation standards to determine each scope of practice and the standard of care. She noted the bill should include a disciplinary process. She said it will be important for DOPL to work closely with the sponsor to address these issues.

**Chairman Martin** asked whether there is a benefit to the public of licensing naturopathic practitioners. **Dr. Chopski** replied that patient safety is tied to licensure. She mentioned that licensure conveys assurance that a health care provider was vetted for education, training, and a criminal background check. It also allows a patient to research disciplinary records, she said.

**Senator Stennett** asked if there is an Idaho accreditation board for medical practitioners. **Dr. Chopski** answered that accreditation is done through national organizations that set standards of practice for patient care, and there is no Idaho-specific accreditation body. **Senator Stennett** asked how DOPL would determine accreditation standards for the broad range of professions listed in the bill. **Dr. Chopski** agreed that issue requires clarification. She stated that **S 1128** would allow some professionals to practice outside their training or normal scope of practice. **Senator Stennett** commented it is confusing to distinguish between various titles and acronyms. She inquired how the bill would help the public understand if a practitioner is trained or qualified to perform a service. **Dr. Chopski** agreed that naming and terminology must be clear to the public. She added that the scope of practice must be directly related to a practitioner's education, training, and experience. **Dr. Chopski** noted that the July 1, 2021,

effective date in the bill does not allow sufficient time for a new board to be organized and promulgate rules.

**Chairman Martin** summarized Dr. Chopski's testimony as follows: The naming is important; training requirements must be clarified; training will determine scope of practice; and a disciplinary system must be established. **Dr. Chopski** replied that summary is accurate and is consistent with the functioning of all other Idaho occupational and professional licensing boards.

**TESTIMONY:**

**Caroline Merritt**, representing the Idaho Association of Chiropractic Physicians (IACP), testified in opposition to **S 1128**. **Ms. Merritt** reported that some IACP members would qualify for licensure, but the IACP opposes the bill for the following reasons:

- The IACP was not included in drafting the legislation.
- The scope of practice is too broad and would allow naturopath licensees to practice chiropractic medicine without a chiropractic license.
- The bill creates unlimited prescribing rights for naturopaths with no checks or balances, which would endanger the public.

**DISCUSSION:**

**Senator Wintrow** asked for clarification about IACP's involvement with the bill. **Ms. Merritt** replied that the IACP participated in discussions regarding the 2019 legislation but was not involved in drafting **S 1128**.

**Senator Stennett** commented that a small number of chiropractors think this bill is helpful, and she asked for clarification on the IACP's position. **Ms. Merritt** responded that the IACP is concerned that naturopath licensees will be held to lesser standards than chiropractors licensed under the Idaho Chiropractic Practice Act.

**TESTIMONY:**

The Committee heard testimony in favor of **S 1128** from: Dr. Lynn Hansen and Dr. Tilden Sokoloff, representing the Naturopathic Physicians Association of Idaho; and Dr. Colby Inzer, representing the American Naturopathic Association. Their reasons for supporting the bill included:

- The bill will protect the public by bringing all naturopaths under one licensing umbrella.
- Many nationally recognized bodies approve training that will allow vetting of an applicant's credentials.
- Licensees will complete appropriate training and not exceed their respective scopes of practice.
- The proposed amendments will address all outstanding concerns and extend the date for required licensure to July 1, 2022.
- A board of peers will create appropriate standards of care and a standardized credentialing method.

**Senator Stennett** asked about the composition of the formulary committee and who would determine whether an applicant meets the requirements for licensure. **Dr. Hansen** responded that the proposed formulary committee will comprise a variety of trained and accredited health professionals. He stated the formulary committee would define each profession's scope of training and knowledge base.

**TESTIMONY:**

The Committee received written and in-person testimony in opposition to **S 1128** from: Jamie Neill, representing the Idaho Medical Association; Dr. Diane Crumrine, representing the AANP; and Julie Coombs and Dr. Marcus Greene, representing the American Naturopathic Medical Association. Their reasons for opposing the bill included:



- The sponsors did not submit their proposal to the Occupational and Professional Licensure Review Committee for sunrise review.
- There is insufficient time to promulgate administrative rules and establish licensing processes prior to the bill's July 1, 2021, effective date.
- The bill lacks specificity on the requirements to become a naturopathic doctor, and it does not require applicants to pass a proficiency exam.
- The titles authorized by the bill will lead to more confusion for the public.
- The bill will result in fewer choices and higher costs for the public.
- Existing naturopathic licensing law is sufficient.
- Some naturopathic practitioners would be put out of business.
- Important stakeholders were not included in drafting the legislation.

**SUBSTITUTE  
MOTION:**

**Senator Lee** moved to hold **S 1128** in Committee. **Senator Wintrow** seconded the motion.

**DISCUSSION:**

**Senator Lee** commented that this is an important bill but sending it to the 14th Order of Business is not the best action. She noted there is still time for the parties to work together to bring forward appropriate amendments.

**Senator Stennett** advised she talked to a number of constituents and there is support for the bill. She stated that sending it to the 14th Order of Business is not the most efficient way to iron out differences among the parties. She said she will support the substitute motion.

**Chairman Martin** mentioned that he has not seen any amendments to the bill but is committed to helping the process.

**Senator Wintrow** agreed the bill addresses an important issue but she is confused and wants to make sure it is written correctly.

**Senator Heider** asked if the amendments to the bill are already drafted. **Mr. Aston** responded that some amendments have been prepared, but they are incomplete and do not address every known concern.

**Senator Wintrow** asked if the Chair recalls the bill, whether it can be sent to the 14th Order of Business at that time. **Chairman Martin** answered that either **S 1128** can go to the 14th Order of Business to be amended, or the Committee would have to make a unanimous consent request to send a new RS to a privileged committee for printing and return to the Committee. **Senator Lee** added that if agreed amendments come forward, the Committee could reconsider the bill and send it to the 14th Order of Business without need for a new RS.

**VOICE VOTE:**

The motion to hold **S 1128** in Committee carried by **voice vote**.

**ADJOURNED:**

There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:17 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Monday, March 15, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
MINUTES APPROVAL:	Minutes of March 8, 2021 Minutes of March 9, 2021	Senator Harris Senator Wintrow
<a href="#">HCR 11</a>	Stating Findings of the Legislature and Recognizing 988 as the Universal Mental Health and Suicide Prevention Crisis Phone Number	Representative Laurie Lickley

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Monday, March 15, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senator Agenbroad

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:01 p.m.

**MINUTES APPROVAL:** **Senator Stennett** moved to approve the Minutes of March 8, 2021. **Senator Heider** seconded the motion. The motion carried by **voice vote**.

**Senator Zito** moved to approve the Minutes of March 9, 2021. **Senator Wintrow** seconded the motion. The motion carried by **voice vote**.

**HCR 11** **Stating Findings of the Legislature and Recognizing 988 as the Universal Mental Health and Suicide Prevention Crisis Phone Number.** **Representative Laurie Lickley**, District 28, presented the resolution to formally recognize 988 as the new mental health crisis phone number, equivalent to 911 for mental health, effective July 2022.

**Stewart Wilder**, Co-Chair, Idaho Suicide Prevention Action Collective (ISPAC), introduced himself to the Committee. **Mr. Wilder** advised that President Trump signed legislation in October 2020 to designate 988 as the national number for mental health crises. He reported that ISPAC, the Idaho Suicide Prevention Hotline, the Idaho Department of Health and Welfare, and other mental health partners are working together to implement the 988 number in Idaho. **Mr. Wilder** said the 988 system will direct callers to appropriate mental health resources, and relieve pressure on law enforcement and emergency first responders. He stated the stakeholders' goal is to develop recommendations for funding the 988 system for full implementation in 2022.

**Senator Wintrow** asked how **HCR 11** differs from **S 1125**, a bill that the Committee previously considered. **Mr. Wilder** replied that **S 1125** involved taxation and should have started in the House, so the bill cannot advance.

**Chairman Martin** inquired if the resolution is the first step in a process that will be completed with legislation next session. **Mr. Wilder** answered yes.

**Lee Flinn**, Executive Director, Idaho Suicide Prevention Hotline (Hotline), provided a brief history of the Hotline. **Ms. Flinn** explained that the Hotline's purpose is to keep a caller safe until the caller can access appropriate mental health services. She described the actions taken by the Hotline responders when a call is received.

**Ms. Flinn** advised that 988 will replace the present national toll-free suicide prevention lifeline phone number. She reported that, under the present system, a caller with an Idaho area code who calls the national number is routed to the Hotline. **Ms. Flinn** noted that the 988 system will utilize existing infrastructure, and be easier to remember and dial. She stated that call volumes to the Hotline in February 2021 increased 30 percent over February 2020, with the youngest caller age 6 and the oldest age 92.

**Chairman Martin** asked whether talking about suicidal tendencies is helpful or detrimental in a crisis situation. **Ms. Flinn** replied that it is a common misconception that discussing suicide makes a situation worse. She said it is actually helpful because it demonstrates caring and gives the person an opportunity to engage about their feelings. **Chairman Martin** requested statistics on Idaho suicide. **Ms. Flinn** reported that most current numbers reflect that 421 Idahoans died by suicide in 2020, an increase from 362 deaths in 2019. She remarked that the 2019 suicide rate was 41 percent higher than the national average.

**Senator Wintrow** asked if the Hotline tracks data on the number of homicides related to suicide. **Ms. Flinn** responded that she does not have the data but will try to find it. **Senator Wintrow** commented the data would be helpful in knowing whether suicide intervention can prevent crossover crimes.

**Representative Lickley** advised that Idaho has an opportunity to make a difference and join with partners in other states to identify solutions to implement and fund the 988 system. She added that 988 will also replace the Idaho 211 number.

**MOTION:** **Senator Lee** moved to send **HCR 11** to the floor with a **do pass** recommendation. **Senator Wintrow** seconded the motion.

**DISCUSSION:** **Senator Wintrow** said that suicide is a difficult topic and thanked the presenters for their efforts. She encouraged using demographic and correlational data to prevent suicides instead of simply responding to them.

**Senator Lee** thanked the partners for their hard work and commented it is exciting to see progress on this issue.

**Chairman Martin** advised he first heard about a national three-digit number 10 years ago, and he appreciates the people who work tirelessly on the cause of suicide prevention. He noted the annual number of suicides averages more than one per day in Idaho and the numbers are not publicized. **Chairman Martin** mentioned that suicide impacts many families, and he expressed the need to raise awareness and identify resources to achieve a goal of zero suicides Statewide.

**VOICE VOTE:** The motion to send **HCR 11** to the floor with a **do pass** recommendation carried by **voice vote**.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:33 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**3:00 P.M.**  
**Room WW54**  
**Thursday, March 18, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
<a href="#">H 316</a>	Relating to Public Health Districts	Representative John Vander Woude

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin	Sen Agenbroad
Vice Chairman Riggs	Sen Zito
Sen Heider	Sen Stennett
Sen Lee	Sen Wintrow
Sen Harris	

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, March 18, 2021

**TIME:** 3:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 3:02 p.m.

**H 316** **Relating to Public Health Districts.** **Representative John Vander Woude**, District 22, reviewed the provisions of the bill. **Representative Vander Woude** stated that the bill would deny benefits from county indigent services (IS) or the Idaho Catastrophic Health Care Cost Program (CAT) to anyone who qualifies for Medicaid or private health insurance. He noted the operation of and funding for the public health districts (PHDs) would be turned over to the counties. **Representative Vander Woude** advised that the bill specifies PHD powers related to employees and agreements with other State agencies, and it allows the PHDs to receive State funding. He added that a county commission chair would be authorized to appoint a replacement for himself on a PHD budget committee. **Representative Vander Woude** explained the implementation dates in the bill.

**DISCUSSION:** **Senator Stennett** asked Representative Vander Woude to address the impact of the bill on smaller hospitals, especially pertaining to behavioral health. **Representative Vander Woude** responded that the bill should not have any impact on hospitals because it merely changes which entity pays the bills. **Senator Stennett** commented that CAT and IS reimburse the costs now, and hospitals are concerned about having to provide more charity care. **Representative Vander Woude** said that people who decide not to buy insurance cannot expect the State to pay their medical bills. He added that the hospitals will have to collect from those patients. **Senator Stennett** asked why more time is not allowed for the transition proposed in the bill. **Representative Vander Woude** replied that he drafted the bill in coordination with counties and PHDs, and the parties agreed the timeline is appropriate.

**Senator Agenbroad** inquired about the ability of a person to obtain health insurance in time for the bill's implementation date. **Representative Vander Woude** answered that Your Health Idaho (YHI) has been available for years, and President Biden extended the YHI open enrollment date through the end of March. He added that the Director of the Idaho Department of Health and Welfare has authority to extend open enrollment through the end of May.

**Senator Wintrow** asked about including an open enrollment guarantee in the bill, and who would pay the costs of notifying the public about the need to obtain health insurance. **Representative Vander Woude** responded that people do not neglect buying health insurance because of the existence of CAT and IS. He disagreed that it is necessary to advertise the provisions of the bill, and YHI has routinely advertised open enrollment periods since its inception.



**Senator Wintrow** questioned how counties would save money and whether the fiscal note calculates the potential county cost savings. She pointed out language on page 1 of the bill related to commitment proceedings and asked who would pay for behavioral health costs. **Representative Vander Woude** answered that the fiscal note reflects the counties' anticipated savings which they could use to fund the PHDs. He responded that Medicaid or private health insurance would pay behavioral health costs, or they would be the individual's responsibility.

**Seth Grigg**, Idaho Association of Counties (IAC), introduced himself to the Committee and gave a brief history of CAT. **Mr. Grigg** remarked that CAT and IS were never intended to serve as entitlement programs or replacements for health insurance. He said the programs create a debt for the individual and a lien on the individual's property until the debt is repaid. **Mr. Grigg** stated that approximately \$3.5 million is recovered annually from debt repayments. He explained the county process for IS reimbursements. **Mr. Grigg** observed that IS and CAT paid out \$18.8 million and \$19.5 million, respectively, in fiscal year (FY) 2020, a good portion of which was for mental health crises. He reported that counties reduced their property tax levies for IS in FY 2021 by approximately \$7.5 million, reflecting the estimated reduction in IS expenditures. **Mr. Grigg** noted that some counties have processed significantly fewer IS applications since Medicaid expansion. He added that most Idaho citizens are unaware of IS and CAT.

**Mr. Grigg** explained the Governor asked the counties to help fund Medicaid expansion through a diversion of county revenue sharing. He advised that the counties did not want to lose revenue sharing funds and collaborated with legislators and public health districts to develop the alternative in **H 316**. **Mr. Grigg** stated that IS and CAT were necessary prior to the implementation of the Affordable Care Act. He remarked that people without employer-sponsored health insurance can purchase it through YHI, and many Idahoans qualify for subsidized insurance premiums. **Mr. Grigg** reported there is no IS or CAT for involuntary commitments, and counties presently fund that care until the person is discharged or committed to State custody. Once a person is committed, the State is responsible for those expenses, he added. **Mr. Grigg** commented that Idaho received a waiver of the Institutions for Mental Diseases exclusion of Medicaid reimbursement for inpatient psychiatric services. He advised that counties should not be responsible for costs of mental health services for which Medicaid funding is available, and the bill would relieve the counties of that responsibility.

**Chairman Martin** inquired about the mechanism for a health care facility to determine if a patient is eligible for Medicaid. **Mr. Grigg** replied that hospitals are supposed to fill out the eligibility paperwork, but it is difficult because sometimes patients do not cooperate in providing information.

**Mr. Grigg** pointed out revisions in the legislation pertaining to PHD funding. He said Section 8 contains new language requiring counties to provide funding to the PHDs at the same level as FY 2021 State funding, approximately \$9.8 million. **Mr. Grigg** said the bill specifies a formula to apportion funding among the PHD counties of 70 percent based on population and 30 percent based on property market value. He remarked that some counties with higher property values tend to pay a higher proportion of the PHD assessments. **Mr. Grigg** advised that the PHD budget committee would have flexibility to determine a local formula to address assessment inequalities. He noted that the bill would allow the State to provide some funding to PHDs in special circumstances.

**Mr. Grigg** explained the emergency clause would allow the counties to terminate their IS programs to make funding available for the PHDs. He added that counties do not receive their first FY funds until January when property tax and revenue sharing payments arrive, while the State receives an income stream throughout its FY.

**Senator Stennett** asked for an example of a special project that could be funded by the Legislature, and why that funding would be necessary. **Mr. Grigg** gave examples of tobacco cessation projects funded by the Millennium Fund, or to disburse federal funds obtained to mitigate a future pandemic. **Senator Stennett** inquired if the PHDs and counties are in favor of the legislation. **Mr. Grigg** replied that the vast majority of counties are supportive, while some are only lukewarm to the idea. **Senator Stennett** asked for clarification on the assessment method for PHD funding, and the result if a county disagrees with its assessment. **Mr. Grigg** described the apportionment process contained in the bill. He said each PHD has one county that would pay more under the statutory formula than its IS expenditures, but the bill allows for the PHD budget committee to develop an alternative plan.

**Chairman Martin** said some large counties pay a higher assessment but do not have majority representation on the PHD board, resulting in a potential imbalance in favor of the smaller counties. **Mr. Grigg** responded that is an issue pertaining to the structure of PHDs, and counties do not agree on the best way to ensure adequate representation on a PHD board of directors. He remarked that it is important to trust the counties to work together.

**Michael Kane**, on behalf of the Idaho Association of District Boards of Health, introduced himself to the Committee. **Mr. Kane** reminded the Committee that he previously testified about the need to revise the structure of PHDs. He commented that if the State stops funding PHDs, then it will be necessary to unwind State involvement in the PHDs' operations. **Mr. Kane** suggested that it is appropriate to allow PHDs to enter into agreements with the State and noted the present statute allows the State to delegate duties to the PHDs. **Mr. Kane** remarked that all seven PHDs support the legislation and view the bill as an opportunity to fix some longstanding issues.

**Chairman Martin** inquired about the status of PHD employees. **Mr. Kane** responded that they would remain PHD employees, and a PHD is a governmental, non-State entity.

**Senator Stennett** asked why PHDs, IS, and Medicaid were all referenced in the same bill. She inquired if the PHDs' functions would remain the same and how Medicaid expansion would factor into the changes. **Mr. Kane** answered that the PHDs operate independently of Medicaid and health insurance, and their functions would not change. He stated the only difference is that the PHDs would no longer receive State funds, and funding would shift from the State to the counties. **Mr. Kane** observed that the counties have always supported the PHDs, and he has no reason to believe this would change. **Senator Stennett** expressed dismay that some counties will be responsible to provide a disproportionate amount of funding. **Mr. Kane** agreed that some counties might be obligated to pay more than in the past, but the PHDs are operating on faith that the counties can work together.

**Chairman Martin** commented that everyone in the State of Idaho is eligible for health insurance, but he is concerned about people who cannot afford to purchase it. He added that the cost of coverage can be rather high.

**Senator Wintrow** mentioned she was in that situation when she first moved to Idaho.

**Senator Stennett** remarked that she benefited from the IS program at one time when she was between jobs and had a ruptured appendix. She added that the pandemic has created income and employment uncertainty for many people.

**Senator Lee** said the Legislature must answer the policy question of who should be responsible to pay the cost of health care. She noted that Medicaid expansion was supposed to relieve pressure on the hospitals, and the IS program is not working, so it is time to try something different.

**Chairman Martin** announced that the Committee would continue the hearing on **H 316** at its next meeting.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 4:02 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

AGENDA  
**SENATE HEALTH & WELFARE COMMITTEE**  
**2:00 P.M.**  
**Room WW54**  
**Wednesday, April 07, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
MINUTES APPROVAL:	Minutes of March 15, 2021	Senator Heider
<a href="#">H 316</a>	Relating to Public Health Districts (continued from March 18, 2021)	Representative John Vander Woude

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, April 07, 2021

**TIME:** 2:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senator Zito

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:02 p.m.

**Chairman Martin** changed the order of the agenda to begin with **H 316**.

**H 316** **Relating to Public Health Districts (continued from March 18, 2021).**

**TESTIMONY:** **Brian Whitlock**, Idaho Hospital Association, testified in opposition to **H 316**. **Mr. Whitlock** expressed concerns about the policy changes in the bill and resulting shift in costs to Idaho hospitals. He provided data on county indigent care (IS) expenses (see Attachment 1) and mentioned IS expenses are increasing despite Medicaid expansion.

**DISCUSSION:** **Chairman Martin** asked for an estimate of the cost shift to Idaho hospitals. **Mr. Whitlock** responded that the bill involves a significant policy shift, and there is insufficient data to understand the financial impact of the bill. He estimated the bill would result in \$30-\$38 million in additional costs to Idaho hospitals. **Mr. Whitlock** stated the bill is contrary to Idaho Code Chapter 35, Title 31.

**Senator Agenbroad** inquired how much additional reimbursement the hospitals received in 2020 as a result of Medicaid expansion. **Mr. Whitlock** responded that he couldn't answer that question because 2020 data will not be finalized until later this year. He added the Idaho hospitals benefited from Medicaid expansion but incurred additional costs due to the pandemic.

**Senator Heider** asked for clarification on Mr. Whitlock's statement that IS costs are increasing. **Mr. Whitlock** explained that hospitals submit fewer IS claims to Idaho counties because the cost of submitting claims often exceeds the benefit. He noted that Idaho hospitals consider themselves partners in indigent care and absorb some charges as bad debt or charity care. **Mr. Whitlock** reported that Idaho hospitals wrote off \$361 million Statewide in 2019.

**Senator Stennett** asked for confirmation on the amount of anticipated cost shift to Idaho hospitals. **Mr. Whitlock** replied the most recent number is \$38 million, which did not include the effects of the pandemic. **Senator Stennett** questioned why counties would choose to partner with public health districts if the bill passes. **Mr. Whitlock** answered that the effect of the legislation on the operation of public health districts is unknown.

**Senator Wintrow** inquired about the impacts of the pandemic and rapid population growth on IS. **Mr. Whitlock** responded that Idaho hospitals expect a 10-80 percent reduction in margins as a result of the pandemic. He said hospitals would be unable to absorb an unbudgeted cost shift if the bill passes with an emergency clause making the legislation effective upon the Governor's signature.

**TESTIMONY:** **David Lehman**, representing Bingham Memorial Hospital (BMH), testified in opposition to **H 316** because Idaho hospitals would suffer financially without IS for care of involuntary commitment and jail inmate patients. He reported that nine Bingham County jail inmates were treated at BMH for COVID-19, and BMH was responsible for their care. **Mr. Lehman** commented that the policy issues in the bill are important, but there has been insufficient Statewide discussion regarding responsibility for paying the cost of involuntary commitments and inmate care.

**DISCUSSION:** **Senator Lee** asked how many of the nine inmates were not eligible for Medicaid. **Mr. Lehman** responded that BMH covered the costs of inmate care with Coronavirus Aid, Relief, and Economic Security Act money. He added that one inmate died but did not apply for Medicaid prior to passing away. **Mr. Lehman** observed that a hospital cannot require a patient to apply for Medicaid.

**Senator Stennett** inquired whether the bill would result in an increased number of behavioral health patients presenting at emergency rooms. **Mr. Lehman** responded that behavioral health costs are increasing, and there is potential for more patients to go to critical care hospitals for treatment. **Senator Stennett** asked how long the hospitals would need to implement the changes in the bill. **Mr. Lehman** answered that the hospitals recognize the need to reduce State responsibility for indigent care and are willing to negotiate the implementation date, but he did not know the necessary time for a transition period.

**TESTIMONY:** **Micky Moyers**, CEO, Intermountain Hospital (IH), testified in opposition to the bill because of possible financial failure of health care facilities due to the unknown shift in costs. **Mr. Moyers** commented that the bill's emergency clause will not allow sufficient time for hospitals to prepare. **Mr. Moyers** added that IH treated 3,761 patients in 2020. He explained that some patients cannot provide information to apply for Medicaid due to their mental illness, and others cannot afford insurance. He said the bill will result in increased patient risk and burden on the criminal justice system.

**DISCUSSION:** **Senator Wintrow** asked for a description of the involuntary commitment process and how costs are paid. **Mr. Moyers** responded that medical or law enforcement personnel bring behavioral health patients to a hospital. The hospital ascertains whether the patient is covered by private insurance and assists him or her in applying for Medicaid if the patient is willing or able to cooperate, he said. **Mr. Moyers** reported that a patient on an involuntary mental health hold cannot be released from care until an examiner approves or a court orders the discharge.

**Senator Lee** inquired how many of the 3,761 individuals who IH treated in the past year applied for IS and how their care was paid. **Mr. Moyers** replied that care is typically paid by private insurance, Medicaid, IS, or charity, and IS paid approximately 7.5 percent in 2020. **Senator Lee** asked if an unwilling patient can be forced to apply for IS. **Mr. Moyers** answered that IH has a contract with the Idaho Department of Health and Welfare (DHW) that stipulates how IH will be reimbursed for patients on an involuntary hold.

**Senator Martin** asked if **H 316** would affect the relationship between IH and DHW. **Mr. Moyers** responded that the bill would likely nullify the contract.



**TESTIMONY:**

**Kevan Finley**, CEO, Cottonwood Creek Behavioral Hospital (CCBH), testified in opposition to **H 316**. **Mr. Finley** stated the bill would negatively impact CCBH, other hospitals, crisis centers, and law enforcement operations. He provided a brief overview of his background and experience with behavioral health care. **Mr. Finley** advised that the bill would result in law enforcement transporting a patient to a critical care hospital or to jail. He reported that a 24-hour involuntary hold often lasts a minimum of 72 hours and the patient must wait to be released by an examiner, even if the patient is safe to be discharged sooner. He added that Idaho law pertaining to behavioral health should be updated prior to implementing **H 316**.

**Rod Beck**, Chair, Ada County Board of Commissioners, testified in opposition to **H 316** because the bill would remove a public health district (PHD) from county supervision while counties would pay almost all of a PHD budget. **Mr. Beck** added that the bill does not describe a process for hiring or terminating employees. He noted the bill limits the number of PHD trustees who can serve from the same county, which is unfair to a county that pays the majority of a PHD budget. **Mr. Beck** stated that county commissioners are not allowed by law to review property tax exemptions for hospitals, while other nonprofits requesting a property tax exemption must prove they provided charitable services equivalent to the exemption they seek. He suggested that counties should receive data from the hospitals on the amounts of their charitable services.

**Senator Stennett** asked about the financial impact of the bill on Ada County's budget. **Mr. Beck** referenced data reflecting that Ada County would save \$4.4 million from the passage of **H 316**. He mentioned that Ada County presently provides coroner services to multiple counties and American Indian tribes, and could easily manage operation of a PHD. **Senator Stennett** inquired why Ada County would need a separate PHD if it already pays 90 percent of a PHD budget. **Mr. Beck** responded that PHD services are necessary, especially in smaller counties, and it would be easy to develop a cooperative agreement with those counties.

**Michael Rawdan**, Senior Director, Revenue Cycles Department, St. Luke's Health Systems (SLHS), testified in opposition to **H 316**. **Mr. Rawdan** explained SLHS's involvement in managing charity services and health benefit programs, and helping patients explore benefit programs. He stated that IS is the last choice for reimbursement due to the time involved to submit an application and shepherd it through the process. **Mr. Rawdan** said that patients who neglect primary health care often use expensive emergency room services, which increases the burden on hospitals.

**Senator Stennett** asked how someone who does not qualify for Medicaid would be able to sign up for health insurance on Idaho's health insurance exchange, Your Health Idaho, if the bill went into effect immediately upon the Governor's signature. **Mr. Rawdan** noted that patients who cannot sign up for insurance outside the open enrollment period will impose the cost of medical emergencies on the hospitals.

The Committee received written testimony in opposition to **H 316** from Brittany Shipley, Executive Director, National Alliance on Mental Illness Wood River Valley, because of the bill's negative impacts on patients with mental health conditions who cannot afford to pay for their own treatment.

**DISCUSSION:**

**Representative John Vander Woude**, District 22, addressed concerns raised in testimony. He commented that the Idaho hospitals provided budgetary data from a period prior to Medicaid expansion and the existence of the health insurance exchange. He added that the bill would not stop hospitals from collecting payments from patients, and hospitals will not be forced to write off all charges. **Representative Vander Woude** stated his willingness to amend the bill to delay its effective date to January 1, 2022. He noted that hospitals did not contact him to the discuss the bill at any time after it was heard in the House.

**Chairman Martin** suggested revisiting the proposed legislation in 2022 to allow for receipt of the 2020 data. **Representative Vander Woude** answered that he would be opposed to that approach.

**Chairman Martin** requested that Seth Grigg, Idaho Association of Counties (IAC), respond to a question from Senator Stennett.

**Senator Stennett** asked if the counties agreed to support **H 316**, and she also asked about the strength of their support. **Mr. Grigg** responded that the 15-member IAC Legislative Committee voted unanimously on behalf of IAC to support **H 316**, although representatives from some counties disagreed. He pointed out that the IAC holds weekly Zoom calls during the Legislative Session, and only four county representatives raised concerns about logistics of the PHD portion of the bill.

**Senator Stennett** inquired how the PHDs would function if counties decide to separate from PHD membership. **Mr. Grigg** replied that a statute change would be required for a county to separate.

**Senator Wintrow** expressed concern about unintended consequences of the legislation and inquired why some parts of the bill appear to be unrelated to each other. **Mr. Grigg** responded that the option presented in **H 316** is the best option for county involvement to pay for Medicaid expansion, and all components of the bill are connected and necessary. He mentioned that the IAC is not opposed to extending the implementation date, but other amendments to the bill could negatively impact taxpayers by requiring counties to pay additional PHD costs.

**Chairman Martin** recognized **Michael Kane**, representing the Idaho Association of District Boards of Health, to respond to Senator Wintrow's concerns.

**Mr. Kane** explained the language in the bill regarding PHDs is needed to unwind the relationship between the State and the PHDs, especially the State's current ability to delegate functions to the PHDs.

**Senator Stennett** mentioned the South Central Public Health District board's vote on **H 316** was divided, and she asked for clarification on the PHDs' positions on the bill. **Mr. Kane** responded that he represents all seven PHD boards of trustees, and all voted to support it.

**MOTION:** **Senator Lee** moved to send **H 316** to the 14th Order of Business for possible amendment. **Vice Chairman Riggs** seconded the motion.

**DISCUSSION:** **Senator Lee** noted that she voted to expand Medicaid and to establish crisis centers, but she will not vote for another IS program. She observed the IS program is flawed and must be fixed in a disruptive fashion. **Senator Lee** noted that sending the bill to the 14th Order of Business will force the parties to work together on a solution.

**Senator Wintrow** mentioned that she wants to help negotiate a solution. She added that it will be important to craft the correct amendments without rushing at the end of the Legislative Session.

**Senator Lee** stated that she had a conflict of interest pursuant to Rule 39(H) but intended to vote.

**Senator Harris** stated that he had a conflict of interest pursuant to Rule 39(H) but intended to vote.

**VOICE VOTE:** The motion to send **H 316** to the 14th Order of Business for possible amendment carried by **voice vote**. **Senator Stennett** requested that she be recorded as voting nay.

**MINUTES APPROVAL:** **Chairman Heider** moved to approve the Minutes of March 15, 2021. **Senator Agenbroad** seconded the motion. The motion carried by **voice vote**.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:16 p.m.

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Senator Martin  
Chair

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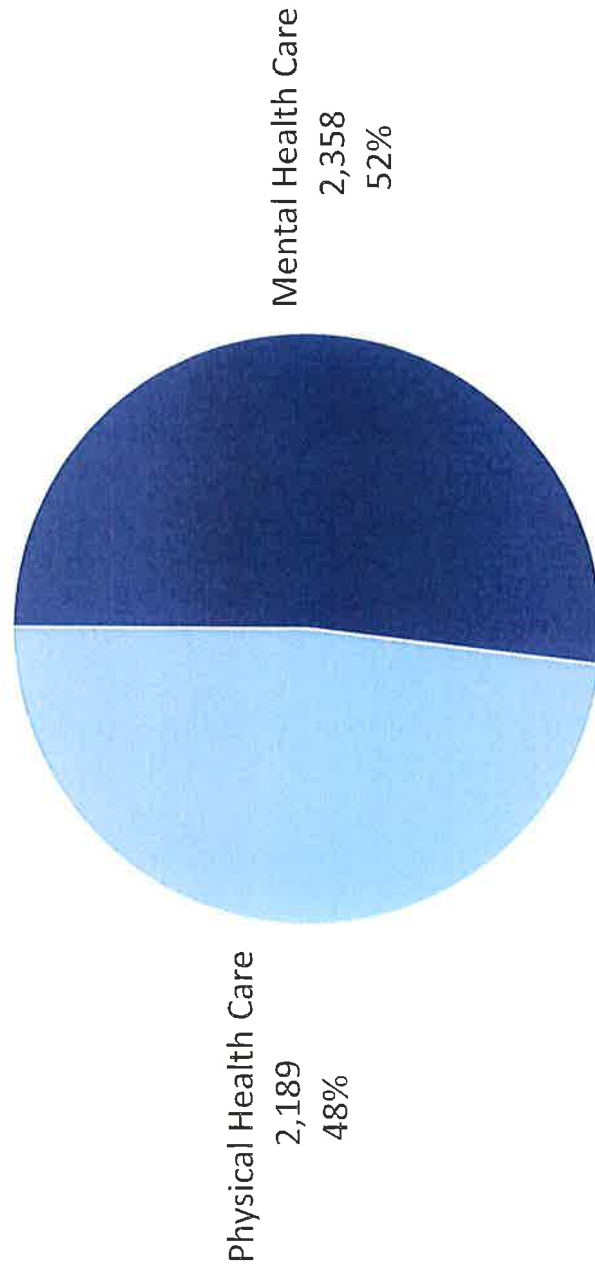
Jeanne Jackson-Heim  
Secretary

# OVERALL COUNTY INDIGENT CARE EXPENSES

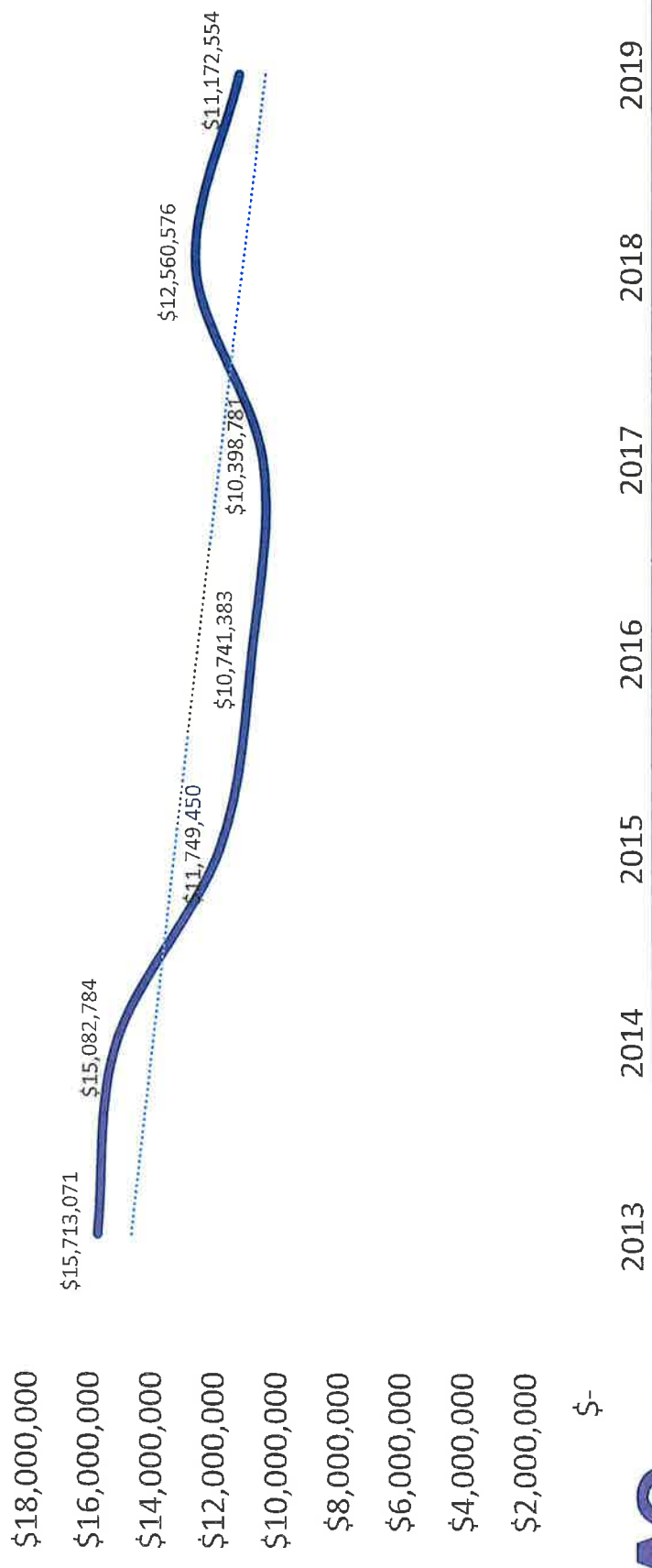
2019 Actual	3 Year Average	7 Year Average
\$20,196,433	\$19,406,678	\$20,215,133



# 2019 CLAIMS: PHYSICAL HEALTH CARE VS MENTAL HEALTH CARE



# COUNTY PHYSICAL HEALTH CARE EXPENSES (2013-2019)



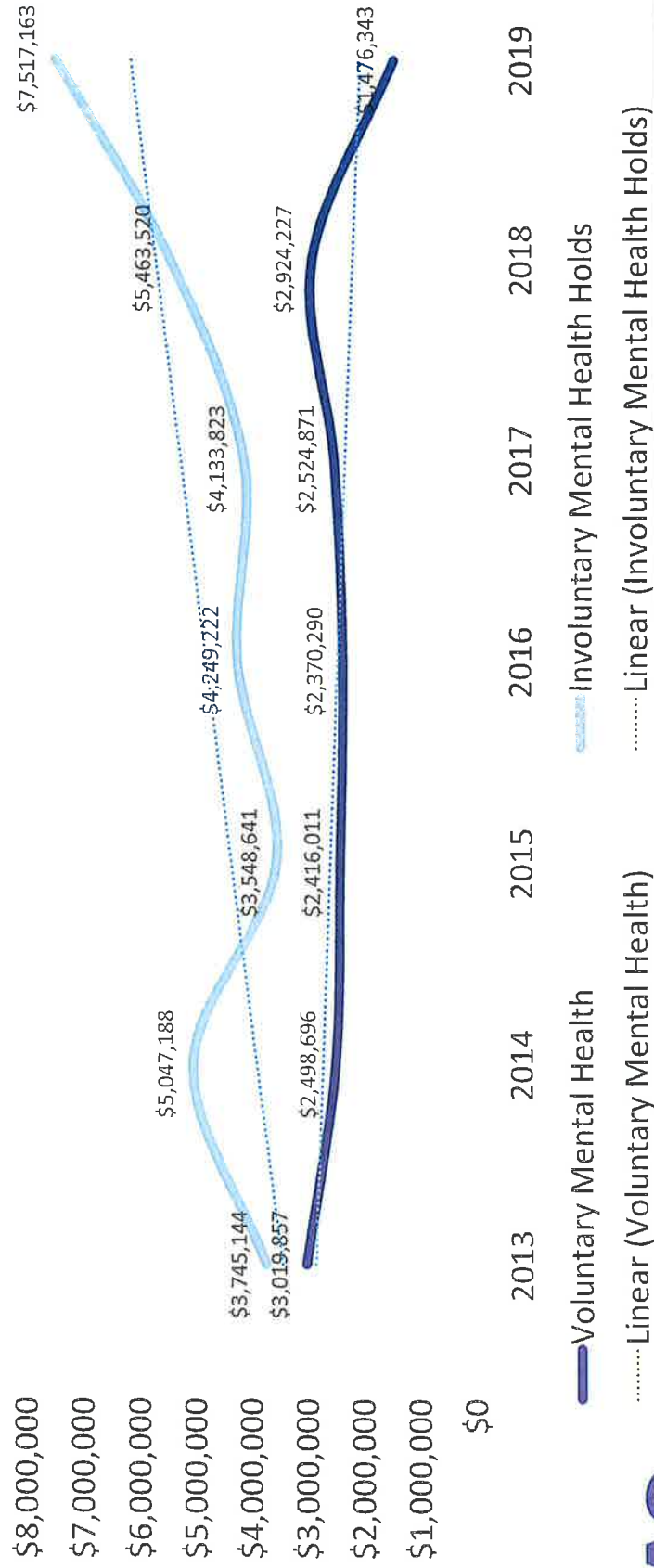


# COUNTY PHYSICAL HEALTH CARE INDIGENT EXPENSES

2019 Actual	3 Year Average	7 Year Average
\$11,172,554	\$11,393,363	\$12,938,705



# COUNTY MENTAL HEALTH CARE EXPENSES (2013-2019)



# COUNTY MENTAL HEALTH CARE INDIGENT EXPENSES

	2019 Actual	3 Year Average	7 Year Average
Voluntary Mental Health	\$1,476,343	\$2,308,480	\$2,461,471
Involuntary Mental Health	\$7,517,163	\$5,704,835	\$4,814,947
Total Mental Health	\$8,993,506	\$8,013,315	\$7,276,428



# Catastrophic Health Care Program Agency Profile

Analyst: Tatro

## Revenue and Payments Summary

Fiscal Year	All Cases	CAT Board Approved Cases	Reimbursed + Previous Year Bills (\$)	Seatbelt Income (\$)	Orig App (\$)	Supp/Rec (\$)	Actual State Medical Payments (\$)	Actual County Medical Payments (\$)	Total County/ State Medical Payments (\$)
2001	5,267	724	0	1,152,622	10,735,000	0	11,886,143	12,209,538	24,095,681
2002	5,498	771	0	1,417,131	10,735,000	(400,000)	14,082,039	11,204,359	25,286,398
2003	6,194	808	250,000	1,665,385	10,435,000	1,693,800	14,139,743	13,915,675	28,055,418
2004	4,910	810	690,000	2,191,307	8,961,700	4,000,000	14,907,239	12,873,373	27,780,612
2005	4,872	849	170,000	2,114,378	12,660,500	3,675,000	18,512,162	14,006,629	32,518,791
2006	3,832	1,063	3,575,000	2,465,896	15,260,300	5,000,000	23,023,445	15,335,534	38,358,979
2007	3,709	969	0	3,298,203	20,766,800	0	24,423,500	13,943,317	38,366,817
2008	3,771	1,101	0	3,691,538	20,768,400	0	25,190,800	16,550,075	41,740,875
2009	4,323	1,187	833,110	3,071,237	20,767,700	2,500,000	26,435,296	18,081,233	44,516,529
2010	4,358	1,298	2,733,308	2,902,284	19,771,700	14,000,000	31,002,741	13,563,564	44,566,305
2011	4,590	1,286	5,548,363	2,473,822	18,271,200	4,325,000	31,044,251	20,440,521	51,484,772
2012	6,491	1,292	349,919	2,878,525	22,267,700	13,070,000	38,585,783	16,686,608	55,272,391
2013	5,308	1,150	0	2,349,459	36,532,800	(6,000,000)	30,643,501	22,026,551	52,670,052
2014	4,839	1,108	155,894	2,617,590	34,830,100	(6,430,773)	28,979,875	22,548,851	51,528,726
2015	3,795	721	0	2,647,375	34,966,300	0	18,582,666	17,746,547	36,329,213
2016	4,080	634	0	3,104,922	27,000,000	(28,892,700)	16,582,239	17,367,397	33,949,636
2017	4,195	584	0	2,523,015	18,000,000	(4,945,100)	12,343,855	17,061,579	29,405,434
2018	4,776	820	0	2,992,862	17,999,500	0	19,995,842	21,012,295	41,008,137
2019	4,567	744	0	3,575,210	9,999,500	2,000,000	17,515,092	20,196,433	37,711,525
2020	4,233	698	0	3,130,370	10,000,500	0	19,445,579	18,847,637	38,293,216

**All Cases:** Number of indigent cases reported by counties, including CAT Board Approved, and those that cost less than the catastrophic amount.

**CAT Board Approved Cases:** The number of indigent cases that exceed the catastrophic amount of \$11,000.

**Previous Year Bills:** The amount of bills unpaid in the prior year.

**Reimbursed + Seatbelt Income:** Amount received from indigents who are able to pay a portion of their bills. Reimbursed funds are continuously appropriated. Seatbelt income is the revenue received from seatbelt ticket fines per Section 49-673, Idaho Code.

**Orig App:** Original appropriation for that fiscal year.

**Supp/(Rescission):** Supplemental or rescission for that fiscal year.

**Actual State Payments:** As reported for the fiscal year in the statewide accounting system.

**Actual County Payments:** As reported by the counties.

**Total Reported County/State Medical Payments:** As reported in the Catastrophic Health Care Cost Program Annual Report.



## The pandemic will stress hospitals' expenses in addition to revenue

In 2020, hospitals experienced increases in certain expenses due to COVID-19; these expense pressures could continue into 2021 as the pandemic continues. On a volume-adjusted basis, the following expense categories had the greatest increases over non-pandemic timeframes.

Expense Metric per Adjusted Discharge	2020 Increase Over 2019	Additional COVID-19 Context
<b>Drug Expense</b>	17%	Hospitals saw their volume-adjusted drug expenses increase, as the patients being admitted to the hospitals increased in severity and required more therapeutics, including COVID-19 patients.
<b>Purchased Service Expense</b>	16%	Hospitals saw an increase in purchased services as a number of areas required specialized functions to be brought in, such as environmental services and sterilization for maintaining safe spaces with COVID-19 patients.
<b>Labor Expense</b>	14%	Labor expenses increased despite many hospitals furloughing portions of their workforce. Contract labor, hazard pay, and other elements contributed to the expense in order for hospitals to maintain a safe and effective process for patients and employees alike.
<b>Supply Expense</b>	13%	Supply expenses also dramatically increased as hospitals scaled up their purchasing of personal protective equipment and other equipment to safely treat patients. Shortages throughout the year of various types led to higher prices of some items.

Source: Kaufman Hall National Hospital Flash Reports, January through December 2020

# TITLE 31 COUNTIES AND COUNTY LAW

## CHAPTER 35 HOSPITALS FOR INDIGENT SICK

31-3501. DECLARATION OF POLICY. (1) It is the policy of this state that each person, to the maximum extent possible, is responsible for his or her own medical care and that of his or her dependents and to that end, shall be encouraged to purchase his or her own medical insurance with coverage sufficient to prevent them from needing to request assistance pursuant to this chapter. However, **in order to safeguard the public health, safety and welfare, and to provide suitable facilities and provisions for the care and hospitalization of persons in this state, and, in the case of medically indigent residents, to provide for the payment thereof,** the respective counties of this state, and the board and the department shall have the duties and powers as hereinafter provided.

(2) The county medically indigent program and the catastrophic health care cost program are payers of last resort. Therefore, applicants or third party applicants seeking financial assistance under the county medically indigent program and the catastrophic health care cost program shall be subject to the limitations and requirements as set forth herein.



**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**2:00 P.M.**  
**Room WW54**  
**Thursday, April 08, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
MINUTES APPROVAL:	Minutes of March 18, 2021	Senator Agenbroad
PAGE GRADUATION:	Honoring Page Tyler Tippetts	
<a href="#">H 315</a>	Relating to Public Funds	Representative Caroline Nilsson Troy
<a href="#">H 336</a>	Relating to Juveniles	Senator Lee
<a href="#">S 1128</a>	Relating to Naturopathic Practitioner Licensing	Senator Kelly Anthon

Public Testimony Will Be Taken by Registering Through the Following Link:  
[Registry to Testify](#)

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Thursday, April 08, 2021

**TIME:** 2:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Lee, Harris, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** None

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:05 p.m.

**MINUTES APPROVAL:** **Senator Agenbroad** moved to approve the Minutes of March 18, 2021. **Senator Harris** seconded the motion. The motion carried by **voice vote**.

**PAGE GRADUATION:** **Honoring Page Tyler Tippets.** **Chairman Martin** recognized Mr. Tippets and asked him to describe his experience as a Senate Page. **Mr. Tippets** stated it was enjoyable to get acquainted with the members of the Senate. He added he was somewhat familiar with Senate operations because of his grandfather's Senate service. **Mr. Tippets** said he would highly recommend serving as a page to other high school students.

**Senator Stennett** asked what was the biggest surprise about his page duties, and his future plans. **Mr. Tippets** responded that he was surprised at the level of respect and collegiality among Senate members. He added that he plans to work for a pest control business over the summer.

**Chairman Martin** thanked Mr. Tippets for his good work on behalf of the Committee.

**H 315** **Relating to Public Funds.** **Representative Caroline Nilsson Troy**, District 5, presented **H 315**, which would designate a fund for opioid litigation settlement payments to the State. **Representative Troy** explained the bill will allow the Idaho Behavioral Health Council (BHC) to make recommendations to the Joint Finance-Appropriations Committee about how to use settlement funds through 2024 to address the effects of opioid addition.

**Senator Agenbroad** asked what the estimated settlement amount would be. **Representative Troy** replied that the first check arrived at the Attorney General's Office last week for nearly \$2.4 million.

**Brian Kane**, Idaho Chief Deputy Attorney General, introduced himself to the Committee. **Mr. Kane** explained the check received was from one defendant, and the State expects to receive additional settlement payments. He said the settlement process is ongoing, and each plaintiff has an attorney to represent its interests. **Mr. Kane** noted any settlements to a county or municipality will go directly to those entities.

**Chairman Martin** inquired if the payments will be tied to a specific fund or purpose. **Mr. Kane** answered that funds will be apportioned among the State, local governments, and a trust fund.

**Senator Wintrow** asked who will decide how the funds are apportioned, and for confirmation that the bill will not interfere with settlement payments to counties. **Mr. Kane** replied that the bill establishes a mechanism to ensure funds are used appropriately, and it will not preclude cities and counties from receiving payments directly.

**Chairman Martin** asked if the bill would affect ongoing legal proceedings. **Mr. Kane** responded it will not; the bill simply provides a structure for the State to handle settlement funds.

**TESTIMONY:**

**Rod Beck**, Commissioner, Ada County Board of Commissioners, stated that the County's attorneys believe **H 315**, as written, would have a negative impact on the County's settlement negotiations with the opioid manufacturers. **Mr. Beck** advised that he would support the bill if it is amended to add certain language proposed by the Idaho Association of Counties (IAC).

**Senator Wintrow** inquired how the IAC amendment would alter the bill. **Mr. Beck** responded that an amendment would not change the meaning of the bill but would prevent a negative impact on the County's efforts.

**Mr. Kane** advised that there is no harm in the IAC amendment, but it is unnecessary. He added that the parties' attorneys will include the necessary terms in the settlement agreements to properly direct the funds, and the bill includes no legal structure for the State to take funds meant for the counties.

**Jared Larsen**, Policy Advisor, the Governor's Office, testified in support of the bill because it will allow the BHC to develop ideas for best use of the settlement money to combat opioid addiction.

**Representative Troy** concluded by stating she is very sensitive to unintended impacts on counties, and the bill will not harm local governments in any way.

**MOTION:**

**Senator Agenbroad** moved to send **H 315** to the floor with a **do pass** recommendation. **Senator Lee** seconded the motion. The motion carried by **voice vote**.

**H 336**

**Relating to Juveniles.** **Senator Lee** presented the bill, which was developed over a four-year period to make improvements to the foster care system. **Senator Lee** explained the bill requires the Idaho Department of Health and Welfare (DHW) to develop a case plan for a child placed in a group home or residential treatment center, with the goal of returning the child to a traditional family placement. She said the bill sets a shorter time for DHW to communicate with the courts and instructs DHW to collaborate with the homes or treatment centers to establish the specific needs of a child.

**Senator Lee** added that the bill addresses the needs of a child who ages out of foster care. It allows the court to extend support services to a foster child through the age of 21 to help the child successfully transition to adulthood, as long as the child maintains certain employment or education requirements, she said. **Senator Lee** reported the bill would help reduce homelessness, pregnancy before the age of 21, and arrests and convictions of crimes, while increasing the likelihood of the child completing at least one year of college.

**TESTIMONY:**

**Ivy Smith**, representing the Idaho Foster Youth Advisory Board (FYAB), introduced herself to the Committee. **Ms. Smith** provided a brief overview of her own experience in the foster care system from 2012-2016 and the challenges she faced upon graduation from high school. She commented that **H 336** will result in an investment in foster children's success and help them avoid negative impacts such as homelessness and teen pregnancy.

**Senator Wintrow** mentioned that Ms. Smith was her intern several years ago, and she thanked Ms. Smith for her leadership and efforts on behalf of foster children.

**Chairman Martin** thanked Ms. Smith for the positive example she provided to others and for her work on the bill.

**Emily McClure**, representing Idaho Voices for Children, testified in support of the bill for the reasons previously stated by others.

**Senator Lee** acknowledged DHW and Director Dave Jeppesen for their efforts on this issue and their readiness to provide the additional services. She said it is an honor to hear the stories of the members of the FYAB.

**MOTION:** **Senator Harris** moved to send **H 336** to the floor with a **do pass** recommendation. **Senator Stennett** seconded the motion. The motion carried by **voice vote**.

**S 1128** **Relating to Naturopathic Practitioner Licensing.** **Senator Kelly Anthon**, District 27, explained the bill is a companion to 2019 legislation, and creates a licensing structure and standards for naturopathic health practitioners. **Senator Anthon** commented that since the Committee held its first hearing on the bill, stakeholders developed some amendments to address previously stated concerns. He requested that the Committee send the bill to the 14th Order of Business to allow the stakeholders to continue working to gain consensus on the amendments.

**TESTIMONY:** **Ken McClure**, on behalf of the Idaho Medical Association, testified in opposition to **S 1128** because the amendments are inadequate to address all concerns. **Mr. McClure** added that his group is committed to working with other stakeholders to improve the bill.

**Dr. Lynn Hansen**, of Burley, Idaho, testified in support of the bill because it offers safety and protection to the public, and presents an opportunity for self-regulation of naturopathic practitioners.

**MOTION:** **Senator Lee** moved to send **S 1128** to the 14th Order of Business for possible amendment. **Senator Stennett** seconded the motion.

**DISCUSSION:** **Senator Lee** mentioned the naturopathic licensure issue is an important one that has been unresolved for some time. She thanked Senator Anthon for moving the bill forward.

**Senator Stennett** commented that she participates in blended medicine and respects the naturopathy profession. She encouraged the parties to continue their efforts.

**Chairman Martin** remarked that it is important for professions to self-govern to take care of problems and improve medical services in Idaho.

**VOICE VOTE:** The motion to send **S 1128** to the 14th Order of Business for possible amendment carried by **voice vote**.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 3:00 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

**AMENDED AGENDA #1**  
**SENATE HEALTH & WELFARE COMMITTEE**  
**2:00 P.M.**  
**Room WW54**  
**Tuesday, April 13, 2021**

Limited public seating will be available in the committee room. For members of the public to observe the meeting, please click on the following link:

<https://www.idahoptv.org/shows/idahoinsession/>

SUBJECT	DESCRIPTION	PRESENTER
<b>PRESENTATION:</b>	American Rescue Plan Act (ARPA) Programs	Lori Wolff, Deputy Director, Department of Health and Welfare

***If you have written testimony, please provide a copy to the committee secretary.***

COMMITTEE MEMBERS

Chairman Martin  
Vice Chairman Riggs  
Sen Heider  
Sen Lee  
Sen Harris

Sen Agenbroad  
Sen Zito  
Sen Stennett  
Sen Wintrow

COMMITTEE SECRETARY

Jeanne Jackson-Heim  
Room: WW35  
Phone: 332-1319  
Email: [shel@senate.idaho.gov](mailto:shel@senate.idaho.gov)

MINUTES  
**SENATE HEALTH & WELFARE COMMITTEE**

**DATE:** Tuesday, April 13, 2021

**TIME:** 2:00 P.M.

**PLACE:** Room WW54

**MEMBERS PRESENT:** Chairman Martin, Vice Chairman Riggs, Senators Heider, Agenbroad, Zito, Stennett, and Wintrow

**ABSENT/ EXCUSED:** Senators Lee and Harris

**NOTE:** The sign-in sheet, testimonies and other related materials will be retained with the minutes in the committee's office until the end of the session and will then be located on file with the minutes in the Legislative Services Library.

**CONVENED:** **Chairman Martin** called the meeting of the Senate Health and Welfare Committee (Committee) to order at 2:04 p.m.

**PRESENTATION:** **American Rescue Plan Act (ARPA) Programs.** **Lori Wolff**, Deputy Director, Idaho Department of Health and Welfare (DHW), introduced herself to the Committee. **Ms. Wolff** gave an overview of the Idaho Child Care Program, the ARPA Program, and DHW initiatives for use of ARPA Program funds. (See Attachment 1.)

**DISCUSSION:** **Senator Agenbroad** inquired whether the funds could be used to attract and retain child care employees by increasing wages. **Chairman Martin** asked if using one-time funds for new programs will create a need for future increased State funding.

**Ms. Wolff** replied that DHW plans to provide bonuses to enhance child care worker wages. She added that DHW is exploring tuition and expense reimbursement as an incentive.

**Senator Wintrow** asked whether child care wage levels and reimbursement rates are too low Statewide. **Ms. Wolff** answered that DHW plans to systematically review wages, but the pandemic exacerbated an existing wage problem in the child care industry. She added that the State should increase wages and also incentivize the private sector to address child care staffing challenges.

**Chairman Martin** asked about the \$100 million increase in child care funding between fiscal year (FY) 2021 and FY 2022. **Ms. Wolff** responded that the increase represents additional spending from federal funds related to the COVID-19 pandemic.

**Senator Wintrow** asked how easy it is for child care providers to apply for ARPA Program grants. **Ms. Wolff** answered that the grant application is two pages and simple to complete. She estimated that 99 percent of the providers that applied were eligible for and received a grant. **Senator Wintrow** suggested making the application process extremely simple for small businesses. **Ms. Wolff** responded that it is a one-time application process, and a grant recipient is subject to federal audit.

**Ms. Wolff** reviewed the State's utility and water assistance programs for low-income families using Coronavirus Aid, Relief, and Economic Security (CARES) Act and Coronavirus Response and Relief Supplemental Appropriations (CRSSA) Act funds.



**Elke Shaw-Tulloch**, Administrator, DHW, reviewed the use of CARES and CRSSA funding for vaccine distribution and immunization administration Statewide, and discussed DHW vaccine initiatives using ARPA Program funds.

**Senator Wintrow** asked whether DHW differentiates between child care and preschool when making provider payments. **Ms. Wolff** explained that preschool is an educational activity lasting a few hours, and child care is support for parents who work that must be available during work hours.

**Dave Jeppesen**, Director, DHW, gave an overview of the effect of the pandemic on mental health and substance abuse issues, together with DHW's response and use of federal funding to address the issues. **Mr. Jeppesen** discussed the increased use of telehealth services and DHW's establishment of crisis phone lines for persons experiencing mental health problems and health care workers.

**Chairman Martin** inquired whether ARPA Program funds could be used to launch the future "988" suicide crisis hotline. **Mr. Jeppesen** answered that DHW hopes to use some ARPA Program funds to assist with the 988 hotline. **Chairman Martin** suggested using ARPA Program funds for structural improvements and one-time costs of the 988 hotline to avoid reliance on federal funding for ongoing expenses. **Mr. Jeppesen** replied that DHW is also concerned about obligating the State to ongoing costs and awaits further guidance from the federal government on use of ARPA Program funds.

**Senator Wintrow** asked about the status of the State behavioral health crisis centers and their financial stability. **Mr. Jeppesen** responded that the crisis centers were established just in time to help mitigate the effects of the pandemic. He stated each of the seven crisis centers Statewide receives approximately 2,000 contacts a year. **Mr. Jeppesen** explained the centers receive some State funding and were enrolled as Medicaid providers, but their budgets are lean. **Senator Wintrow** commented that spending money on crisis centers results in other health care cost savings.

**Senator Agenbroad** thanked Mr. Jeppesen for his leadership in addressing behavioral health and substance abuse issues. He commented that he appreciates DHW's approach to spending one-time money and looks forward to seeing results from the 988 hotline. **Senator Agenbroad** added that it is important for the public and providers to understand how State and federal funds are used.

**Senator Heider** commented that Governor Brad Little has hired many qualified experts and handled the pandemic well. He thanked Mr. Jeppesen for his efforts on behalf of the State.

**Chairman Martin** thanked Mr. Jeppesen for his work. He mentioned that in the past, federal funds flowed directly to the agencies without Legislative oversight, and he stated that it is important for the public and the Legislature to know how federal funds are spent.

**ADJOURNED:** There being no further business at this time, **Chairman Martin** adjourned the meeting at 2:56 p.m.

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Senator Martin  
Chair

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Jeanne Jackson-Heim  
Secretary

# **Federal Funding for Child Care, Utility Assistance, and COVID Vaccine**

**Lori Wolff/Elke Shaw-Tulloch**

**April 12, 2021**



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

# OVERVIEW



## Child Care

- Federal funding/Guidelines
- Overview of programs
- Initiatives/Funding Request

## Utility Support Programs

- Federal funding/Guidelines
- Overview of programs/Funding Request

## COVID Vaccine

- Federal funding/Guidelines
- Overview of programs/Funding Request

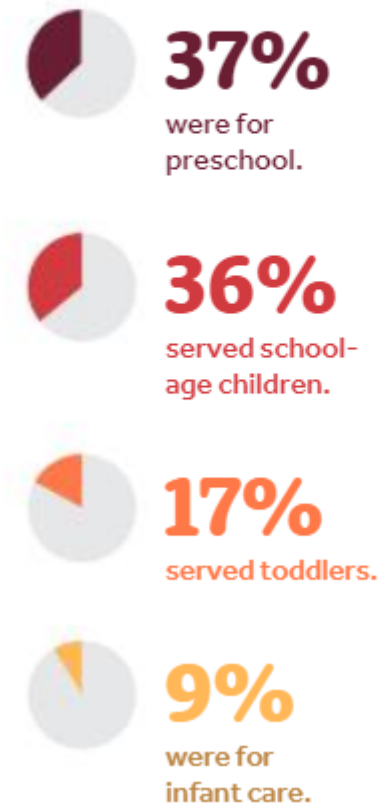
**Questions?**



- Idaho has a total of 1,100 Licensed Child Care Providers
- Child care is considered a work support and is defined by offering 40 hour per week care to support parents going to work
- Difference between Child Care and Preschool: Difference is pre-school is for education and typically for limited hours. Child care supports parents in the workforce
- Quality child care is critical to support a strong workforce

## Child Care Spaces in Idaho by Age (2020)

In pre-COVID 2020, of the 55,845 child care spaces for children 0-5 in Idaho:





- First implemented in Idaho in **1997**
- Of Idaho's approx. 1100 providers, 874 are ICCP Eligible.
- Provides child care subsidies to low-income families (130% FPL) to assist with cost of child care while they are working or attending college
- ICCP serves about **8,500** children per year (**8,293 in FY2020**) and pays about **\$39M** per year in child care subsidies
- Parents are required to pay a co-pay to their provider and providers must be an Idaho Child Care Program certified provider to participate in the ICCP program
- Annual regular budget is **\$51.2M (SFY20)** - not including COVID dollars
  - \$ 48.0 million (federal)
  - \$ 3.2 million (state)





## Problems experienced during the pandemic

- Parents not using child care when they started working from home
- More than 40% of child care facilities were at the risk of closing
- Enrollment in Child Care reduced about 60% (May – September 2020)
- High demand for child care for frontline workers but not enough enrollment to “pay the bills”
- Child care staff typically make low-wages (~\$10/hour) – unemployment benefits were more lucrative for staff than staying employed at the child care centers
- Many staff were not comfortable working in child care centers at beginning of pandemic
- Parents who were short-term unemployed didn’t want to lose their spot at their child care facility, but couldn’t afford to pay the co-pay
- Parents who typically used child care when they attended college were able to care for their children at home, further impacting enrollment



# Federal Child Care COVID Funding Packages

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- **Coronavirus, Aid, Relief, and Economic Security Act (CARES)**

*March 2020*

- Child Care award: **\$20.6M** – deadline to spend: FFY 2023

- **Coronavirus Response and Relief Supplemental Act (CRRSA)**

*December 2020*

- Child Care Award: **\$57.7M** – deadline to spend: FFY 2023

- **American Rescue Plan Act (ARPA)**

*March 2021*

- Child Care Award Total: **\$228.8M** (estimated) – deadline to spend: FFY 2024
  - Child Care Development Block Grant: \$86.8M - deadline to spend: FFY 2024
  - Child Care Stabilization: \$138.9M - deadline to spend: FFY 2023
  - Child Care increased allocation for current program: \$3.1M - deadline to spend: FFY 2022

**Total Funding:  
~\$307M**



## General Program Guidance for State Plan:

- Protect the health and safety of children in child care
- Promote continuity and access to subsidy for low-income families
- Better inform parents and the general public about the child care choices available to them, and
- Improve the overall quality of early learning and afterschool programs.



## How the funding can be used:

- Increase subsidy amounts for families to encourage families going back to work
- Increase FPL to serve families in higher income brackets to support families going back to work
- Cover the cost of family co-pays
- Provide technical assistance/training to providers on practices and policy guidance from state/local health departments/CDC regarding the safe provision of child care services
- Support licensed/certified Child Care Providers while enrollment is low to make sure they are able to stay open and operate at about 50% capacity
- Provide incentives/support for child care staff to incentivize them to remain in the workforce
- Support infrastructure within the program for longer term improvements (system enhancements, provider supports)



## What the funding can NOT be used for:

- Cannot be used to establish/support public/private schools including pre-school
- Provider Grants can not be awarded to non-licensed/certified child care programs
- Tuition for students in private schools
- Building improvements and renovations/Landscaping
- The lease or purchase of a vehicle
- Personal debt or personal credit card payments not related to your business
- Licensing fees or permits
- Subscriptions



- Support providers to remain open and preserve child care capacity in Idaho
- Retain Child Care work force
- Support families in returning and staying in the workforce through supporting child care availability and affordability
- Assist Idaho children in staying current with grade level education when unable to participate in school and encourage after school programs that support children with critical school and emotional counseling
- Technology/system improvements to support providers and families

**Child Care Federal COVID Spending Estimates**

	SFY 20	SFY 21	SFY 22	SFY 23	(Estimated) 5 Year Total
Actual	\$ 3,674,200				\$ 307,160,700
Estimated		\$ 30,471,500	\$ 131,035,000	\$ 141,980,000	

# Initiative: Provider Grants and Supports

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- **Provider Grants:** Monthly grants to Idaho licensed providers to assist with decreased revenues and increased operating expenses. Started May 2020
- Could be used to help cover staffing costs, supplies and materials, cleaning, and general operating.
- ~\$2.2M/month
- ~\$99M over four years
  - SFY20: \$3.7M
  - SFY21: \$26.5M
  - Estimated SFY22: \$27.1M
  - Estimated SFY23: \$42M

	Monthly Grant Amounts	Number of Providers
Family Day Care	\$ 500	144
Group Home	\$ 1,000	205
Center Care	Small: \$ 2,500 Large: \$ 5,000	487
Totals		836

Total Provider  
Investment: ~\$192.6M  
SFY22: \$85.7M





- **Support for staffing and program development and infrastructure for Child Care Providers**
  - Total Spend over 4 years: ~\$93.6M
- **Wage Enhancement for staff recruitment and retention: ~\$27.6M total – Started April 2021**
  - SFY21: \$2M
  - Estimated SFY22: \$13.8M
  - Estimated SFY23: \$11.8M
- **Training, Tuition Reimbursement: \$52M – Planned Summer/Fall 2021**
  - Estimated SFY22: \$31M
  - Estimated SFY23: \$21M
- **Program Administration, Oversight & System Enhancements: ~\$14M – Planned Summer 2021**
  - Estimated SFY22: \$13.9M

# Initiative: Family Supports

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- **Co-pay Reductions for Families: Started November 2020 - ~\$11.2M**
  - SFY21: \$1M
  - Estimated SFY22: \$6.1M
  - Estimated SFY23: \$4.1M
- **Increase FPL from 130% to 145% for two years: Started March 2021 - ~\$12.1M**
  - SFY21: \$450K
  - Estimated SFY22: \$6.6M
  - Estimated SFY23: \$5M
- **Program Increase in Base Allocation for operating expenses ~\$9.3M**
  - Estimated SFY22: \$3.1M
  - Estimated SFY23: \$3.1M
  - Estimated SFY24: \$3.1M

Household Size	130% FPL	145% FPL
2	\$ 1,868	\$ 2,084
3	\$ 2,353	\$ 2,625
4	\$ 2,839	\$ 3,166
5	\$ 3,324	\$ 3,708
6	\$ 3,809	\$ 4,249
7	\$ 4,295	\$ 4,790
8	\$ 4,780	\$ 5,332

**Total Family  
Investment:  
\$32.6M**



- Intent: Assist other community partners who serve children 0-13 years old support kids to stay at grade level and support after school and summer support for kids.
- Community Partner grants
  - After School Network
  - Boys and Girls Club
  - Employer-based childcare
  - Lee Pesky
- **Funding can only be used to support:** additional support for “other” child care, tutoring, out of school programs, prevent learning loss, behavioral health and counseling.
- **Estimated Investment: \$69M – Start date planned for summer 2021**
  - Estimated spend SFY22: \$24.7M
  - Estimated spend SFY23: \$44M

Total Community  
Investment:  
**~\$69M**



- Intent: Improve technology systems and supports for families and providers
- Other Program Initiatives: \$10.8M
  - SFY22: \$4M
  - SFY23: \$6.8M
- Administration and Indirect Costs: \$785K
  - SFY21: \$181,000
  - SFY22: \$568,000
  - SFY23: \$35,777

Total Program  
Investment:  
**\$11.6M**



- Consider modifications in strategies that avoid “cliffs” and adjust to changing needs in Child Care.
- Investments in one-time capital or start-up businesses to address Child Care deserts and develop long term improvements for Idaho’s child care industry.
- Move quickly from wage enhancements (temporary increase in wages) to recruitment bonuses and reimbursement for professional development.
- Minimize long term reliance on federal investments and ensure COVID dollars help create sustainable child care industry and effective work support for families.

# Summary of Child Care Investments/Spending

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Legislative Request	SFY 21	SFY 22	SFY 23
JFAC Approved Federal Fund Authority	\$24,000,000	\$ 33,000,000	
Projected Additional CCRSA funds			\$ 12,244,000
Current Requests for ARPA Funds			
CCDF		\$ 26,000,000	\$ 60,856,000
Provider Stabilization		\$ 70,000,000	\$ 68,900,000
Entitlement		\$ 3,125,000	
Total Authority Requested	\$24,000,000	\$132,125,000	\$141,980,000





Intent: Support low-income families with costs associated with utility bills

- **Coronavirus, Aid, Relief, and Economic Security Act (CARES)**

March 2020

- LIHEAP Award: \$5,086,169 Available through September 2021.
- Water Award: \$0

- **Coronavirus Response and Relief Supplemental Act (CRRSA)**

December 2020

- LIHEAP Award: \$0
- Water Award: \$3,000,000 (estimated) Available through September 2023

- **American Rescue Plan Act (ARPA)**

March 2021

- LIHEAP Award: \$27,090,000 (estimated) Available through September 2022
- Water Award: \$3,000,000 (estimated) Available until expended

Total  
Funding:  
**\$35,176,169**



- LIHEAP pays a portion of energy costs for qualifying households  
(60% of State Median Income; for a family of four, annual income of \$44,830)
- Managed by Community Action Agencies throughout Idaho
- Utility payments are made directly to suppliers on behalf of the eligible beneficiary
- Served about 31,000 households and paid about \$14.2M in energy costs in SFY 2020
- Program is 100% federally funded



- For households with income equal to or less than 150% of FPL
- New program created under the ARPA funding
- Community Action Agencies will receive the funding to administer in their communities
- Similar to LIHEAP program in that it provides help to pay for drinking and waste water bills for low-income families

# Summary of Energy Investments/Spending

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Legislative Requests	SFY 20	SFY 21	SFY 22	SFY 23
Water Program	\$ -	\$ -	\$ 3,000,000	\$ 3,000,000
LIHEAP Program	\$ 5,077,000	\$ -	\$ 14,000,000	\$ 13,090,000
<b>Total Federal Fund Request</b>	\$ 5,077,000	\$ -	\$ 17,000,000	\$ 16,090,000



**Intent:** Support broad-based distribution, access, and vaccine coverage through expansion of the existing immunization infrastructure, engaging in additional partnerships, and implementing and evaluating new strategies to reach affected populations (such as those who may be vaccine hesitant, those who are in racial and ethnic or other minority groups).

Total  
Funding:  
**\$48.6M**

## **Coronavirus, Aid, Relief, and Economic Security Act (CARES) - March 2020**

Immunization Awards: \$1.4 M Deadline to Spend: 6/30/2024

## **Coronavirus Response and Relief Supplemental Act (CRRSA) - December 2020**

Immunization Award: \$16 M Deadline to Spend: 6/30/2024

## **American Rescue Plan Act (ARPA) - March 2021**

Immunization Awards: \$31.2 M Deadline to Spend: 6/30/2024



- Marketing: Information and education on COVID-19 Vaccine across the state to increase vaccination uptake rates
- Funding for Public Health Districts to support Vaccine Administration at the local districts
- Support for Provider Enrollment to increase providers approved to administer COVID-19 vaccine
- Funding for tribes to support Vaccine Administration
- Funding support for mobile clinics and strategies to support underserved populations in Idaho





Legislative Request	SFY 21	SFY 22	SFY 23
Approved Federal Fund Authority (CRRSAA)	\$16,148,000		
New Request for ARPA Funds		\$ 10,151,000	\$ 20,693,000
Total Authority Needed	\$16,148,000	\$10,151,000	\$20,693,000

# QUESTIONS?

